

THE  
AMERICAN PRACTITIONER:

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# THE AMERICAN PRACTITIONER.

JUNE, 1877.

Certainly it is excellent discipline for an author to feel that he must say all that he has to say in the fewest possible words, or his reader is sure to skip them; and in the plainest possible words, or his reader will certainly misunderstand them. Generally, also, a downright fact may be told in a plain way; and we want downright facts at present more than any thing else.—RUSKIN.

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## Original Communications.

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### REMARKS ON ROTARY LATERAL CURVATURE OF THE SPINE, AND TREATMENT BY SELF- SUSPENSION AND FIXATION IN THE PLASTER-OF-PARIS JACKET.\*

BY LEWIS A. SAYRE, M. D.

*Professor of Orthopedic Surgery, Fractures and Dislocations, and Clinical  
Surgery, Bellevue Hospital Medical College, New York.*

*Mr. President and Members of the Academy of Medicine:*

The causes and symptoms of rotary lateral curvature of the spine I have already so fully explained in my recent work on Orthopedic Surgery, and the rotation which takes place in lateral curvature was so fully and clearly explained by Dr. Judson in his recent valuable paper which was presented to this Society, that it is unnecessary to refer to that branch of the subject any further; except that I may possibly quote from my report to the state society some few words from Dr. Judson's paper, which will give a clear idea of the principle

\* Read before the New York Academy of Medicine, Surgical Section, March 23, 1877. Stenographically reported especially for the American Practitioner, by N. W. Cady, M. D.

which is involved in its treatment, without the recognition of which it is impossible to succeed, when the deformity has lasted so long as to involve the bony structures, no matter what plan is pursued.

I have tried every plan of treatment for lateral curvature known during the last thirty years, and have never succeeded to my entire satisfaction in those cases which had proceeded so far as to involve the bony structures, until I had adopted the plan of treatment which I propose to illustrate to you to-night.

To show that the subject is one that has occupied the attention of the profession, and has engaged the mechanical ingenuity of many different men for ages past, it is only necessary to look at this array of instruments on the table before you, all of which have been devised from time to time by various surgeons in different parts of the world for the purpose of treating this deformity. All of them have been devised for the purpose of correcting lateral curvature, and yet not one of them has accomplished its purpose in cases where the deformity has involved the bony structures. I say not one of them, and I speak advisedly. In the milder forms of the deformity, due to want of muscular tone, before a change has taken place in the bony structures, then a slight instrument, which is fully described in my recent work, with an elastic india-rubber support, will accomplish the desired result, simply by reminding the patient that he must do something for himself: this, together with a proper course of gymnastics, will frequently effect a marked change for the better, and even a radical cure, *provided* the disease or deformity has not gone to the point of producing a permanent change in the osseous tissue. If the disease has gone further, I believe that none of these instruments will avail but little if anything.

[Professor Sayre here presented and briefly described some twenty different instruments and braces of various sorts, all evincing great mechanical skill in their construction, but whose practical value he had fully tested, in no case with a satisfac-

tory result. The descriptions are omitted, because they would throw no particular light on treatment.]

In regard to the anatomical character of the rotation which takes place in lateral curvature, and its etiology, I will simply read an extract from an explanation given by Dr. A. B. Judson, in a paper read before the New York Academy of Medicine, and which I shall take the liberty to quote:

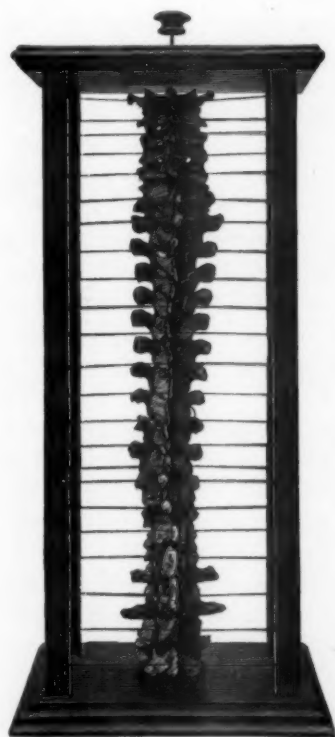


FIG. 1.

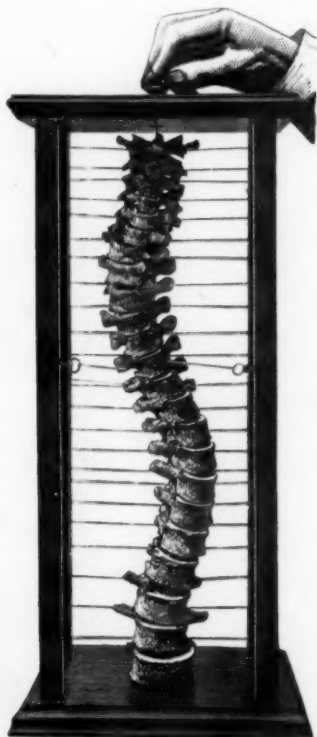


FIG. 2.

“The distinguishing feature of the explanation of rotation here proposed is the recognition of the fact, heretofore overlooked so far as I am aware, that the posterior portion of the vertebral column, being a part of the dorsal parietes of the

chest and abdomen, is confined in the median plane of the trunk; while the anterior portion of the column, projecting into the thoracic and abdominal cavities, and devoid of lateral attachments, is at liberty to, and physiologically does, move to the right and left of the median line."

The production of rotation and lateral curvature, on the theory here presented, is well illustrated by a preparation made by Dr. Judson, the construction and action of which are shown in Figs. 1 and 2, which represent a spinal column through which runs a brass rod, a few inches longer than the column, and terminating in a knob tempered by the hammer. It has lateral but not antero-posterior flexibility, and is retained in the perpendicular by a wooden frame, from the sides of which elastic bands are fastened to the spinous processes. (See Fig. 1.)

"To produce lateral curvature of the column with rotation of the vertebræ, the knob at the summit of the rod is to be depressed. Double curvature, with rotation in each curve, may be produced by confining one of the dorsal vertebræ with the silk check-loops, and depressing the knob, as in the first instance. (See Fig. 2.)

"The explanation here proposed answers all the difficulties that have arisen in the study of the phenomena of rotation in lateral curvature. Rotation occurs in all forms of lateral curvature, except that caused by collapse of the ribs from pulmonary or pleural disease. In these cases rotation is absent, because the muscles attached to the spinous processes on the side of the concavity, the trapezius, latissimus dorsi, rhomboidei, and serrati postici, together with the vertebral aponeurosis, all have their points of origin and insertion respectively approximated by a collapse of the chest on that side, and the spinous processes move toward the opposite side together with the bodies of the vertebræ, and rotation is annulled.

"Rotation has been thought to occasion great difficulty in the mechanical treatment of lateral curvature. The treatment of lateral curvature is indeed beset with difficulty, not so much

from the presence of rotation, however, as from the fact that the portion of the column which departs farthest from the normal position (the bodies of the vertebræ), can not, from their situation within the cavity of the trunk, receive direct mechanical support. Lateral curvature has a resemblance to Pott's disease of the spine in that, in both of these affections, the anterior portion of the column is subject to a departure from its normal conditions. In one case the vertebral bodies are carious; in the other, they are thrown off the normal position. In the one case, the caries is prolonged and extended by the weight of the parts above; in the other case, the deviation is directly produced and aggravated by the same superincumbent weight. In Pott's disease the morbid process is arrested by transferring the injurious weight from the anterior and diseased portion to the posterior and sound portion of the spinal column. In lateral curvature, would not a degree of relief be afforded by a similar application of antero-posterior force, by which a part of the weight would be transferred to the posterior portion of the spinal column, which is prevented, by its muscular and fibrous attachments, from deviating far from its normal position?"

To Dr. Judson's question I say, yes; but with this qualification, that the superincumbent weight should be removed from the bodies of the vertebræ and be transferred, not to the posterior and comparatively immovable portion alone, but to the irregularities of the surface of the entire trunk. This indication is fulfilled, as I believe, to a very considerable extent, by self-suspension and the plaster-of-paris jacket.

Dr. Lee, of Philadelphia, stated at the American Medical Association in June last, that he was in the habit of suspending children with lateral curvature; and he stated further that it had been taught him by Dr. Weir Mitchell, who said that his father had taught that plan of treatment many years ago in the Jefferson Medical School of Philadelphia. It is the most singular thing in the world that so valuable a plan of treatment having been taught by so distinguished a man as Professor Mitchell, should have fallen entirely into disuse.

## THE SUSPENSION APPARATUS.

Instead of suspending the patient in the usual manner by the head and arms (see Fig. 3), I use the apparatus now standing before you on the floor. It consists, as you will observe, of a tripod about ten feet in height, with a hook at its upper portion. From this hook depend compound pulleys and tackle, the lower pulley carrying a cross-beam to which is attached an adjustable head-and-chin collar. By means of this apparatus the patient suspends himself two or three minutes at a time for several days preparatory to putting on the plaster jacket, and while suspended he is made to take several deep and full inspirations. (See Fig. 4.) When the patient is self-suspended, only the head-and-chin collar is used, the patient being cautioned to *keep the hands above the head*; for so long as the hands are above the head, the great thoracic muscles, the pectoralis major, latissimus dorsi, etc., are brought into play, and the ligaments of the neck are relieved of the greater part of the strain. But if the hands are allowed to come lower than the head while the patient is self-suspended, there is danger of exercising too much strain upon the ligaments of the neck, and in this manner serious damage may be produced. While the patient is self-suspended some one must be at hand, especially if the patient be a child, to guard against accident from the twisting of the rope, and to see that the operation is properly conducted. By suspending persons in this manner and observing



FIG. 3.

the effect, you will see in a short time a very marked change in their figure; and it occurred to me that if, while thus self-suspended, the plaster jacket could be applied, it would be a great improvement over suspension by the head and arm-pits. I shall try it in the case of Dr. V., whom I now have the pleasure of presenting to the Academy. But before applying the jacket to him, I should like to state the result in a few cases that I have had under observation. I have now been



FIG. 4.

treating twenty-nine cases of lateral curvature in this way. Formerly, when there was only slight deformity, I got along well enough by using the instrument described in my book; but when the deformity was serious and the osseous tissues had become involved, and I could not do anything with them, I usually transferred them to any one that promised to do more than I could. Some I sent to Mr. Banning, and some to Mr. Barwell. They have all returned, and in every instance they were worse than when they left years before, although they had been using instrumental treatment all the time. Two of these cases have returned within the last six months, and one of these

has had five different jackets applied to her since then, and is now wearing simply a corset. When she returned to me from London she brought back the very latest improvement by Mr. Barwell, which is similar to the one that I have used for some time past, with the difference that it is buckled together



with a peculiar buckle, and this buckle has a *lock*, so that the patient can not, under any circumstances, change the movement of the straps at all. He, fearing that I could not get the instrument off, wrote me a private letter, explaining the construction of this buckle, and how it was to be opened.

I do not know whether this is a proper place to allude to such things, but it seems to me it is so entirely at variance with the principle I have always tried to inculcate in the treatment of any deformity, namely, to interest the patients themselves in their own cases, whether it be club-foot or any other deformity, and instruct them with the minutest knowledge I could give them, and induce them to carry out fully the plan of treatment, that I have taken the liberty of referring to it. If any one will take the trouble to look at my results in cases of club-foot, in which the patients or their parents have been made to take an active interest in the treatment of their own cases, that person will be satisfied that this is the correct principle. Now, if you attempt to prevent them from making any modification of the action of the force, thereby increasing or diminishing it according to their necessities by securing it with a locked buckle, thus compelling them to return to you each time that any change is to be made, without permitting them to make these changes as frequently as their necessities may require, you are certainly not giving them the full benefit that your apparatus is calculated to give. I believe the best results can be obtained by interesting the patients themselves, so that they may use their own discretion in varying the adjustment of these appliances at will. I notice, however, in a recent medical journal that an entirely opposite view is entertained, more in accordance with Mr. Barwell's plan of locking the buckle.

To show you that the wearing of the plaster jacket is comfortable to the patient, I will read you a letter written by one of the patients above referred to; and it is the testimony of every one that has worn it. The letter is from the young lady who returned from Europe, wearing an instrument similar to that of Mr. Barwell:

"My age is eighteen years and ten months. For the last six years I have suffered much from pain in the lower part of the spine, the pain at times running up my back; not really a sharp pain, but a dull, hard ache, and a sensation as though the bones were giving way. I have stooped very much, the weakness being in the middle of the trunk, and one shoulder slightly higher than the other. For the past year the pain has grown worse; it troubled me if I drove, or sat in the same position long, or lifted anything. If I walked fast or ran upstairs, I was out of breath, felt tired a great deal, and had the inclination to rest my head and arms on something. In the part of the spine where the pain was, it was sensitive to the touch.

"Last spring I went abroad. In August I went to Mr. George Hawksby, 300 Oxford street, London, to be measured for shoulder-braces. He told me that I needed something more, and asked to examine my back, which I did not let him do. Afterward I was told he was a capable man, and in September went back to him, when he made a thorough examination, and said that I had a double lateral curvature, one between the shoulders slight and the lower one more severe. (See Fig. 5.) He did not wish to put me in a steel brace, but applied something that he had just brought out, called a 'spinal traction bandage,' composed of stiff cloth, with pads and straps of the same. It was extremely annoying, as one of the straps passed under the limb, and I always felt it. I sailed for home on the first of October, and wore the 'bandage' until the end of January, without receiving any benefit whatever. In the last of January Dr. Sayre examined me



FIG. 5.

and put on the plaster-of-paris jacket. (See Fig. 6.) Since then the pain has entirely ceased. It is a thing that you naturally feel, but it affects neither my general health or spirits. It is a great support, I breathe with ease, and instead of wishing to rest my head and arms, I can sit well on a chair without a back." . . . . .

I asked the young lady who came in to-day, from whom I removed this brace (Taylor's) if this was anything like her own case. She said, "If I had written that letter myself, it would be just my case."

It is stated in the Archives of Clinical Surgery, that the patient will be suffocated, and that the profession will not allow a fixed apparatus to go



FIG. 6.

entirely around the thorax. In answer to that I will just read a few letters bearing on that point:

"OSWEGO, TIOGA CO., N. Y., March 2, 1877.

"DEAR DOCTOR: On reaching home safe with my little patient, Mr. Herrick's child, whom you will recollect as a subject of Pott's disease in November last, following your advice I leached the spine two or three times; and in two weeks from the time I left the city I applied the plaster bandage so successfully that within one week from that time she was absolutely rollicking about the room with the other children. She suffered not the least inconvenience from the jacket, walked well, rode out daily, and grew fat and ruddy. . . . . Very truly yours,

"Lewis A. Sayre, M. D.

H. N. EASTMAN."

"110 W. 34th St., N. Y., May 22, 1876.

"DEAR SIR: Allow me to express my warm thanks for the kindness and courtesy you have shown my young friend, whom you

permitted me to send to your office. She seems immeasurably relieved already by your jacket. My admiration for your boldness and ingenuity, in the invention of your 'hanging machine' and your application of the plaster to the cases from which it had hitherto been excluded, will certainly not be lessened by this first case in which I have been able to make personal trial of the same.

"I am, sir, with much respect, very truly yours,

"Dr. Lewis Sayre.

MARY PUTNAM JACOBI."

"UNIVERSITY OF VIRGINIA, March 19, 1877.

\* \* "Judging from the results obtained by you, I should say that it would be impossible to exaggerate the value of this new and simple treatment, which dispenses with the aid of cumbrous and costly spinal assistants, and produces better results than have ever been obtained by means of the latter.

"I am truly and faithfully yours,

"Dr. L. A. Sayre.

J. L. CABELL."

The following is a letter just received from a female physician, to whom I applied a "plaster jacket" some weeks since:

"WHIPPANY, N. J., April 9, 1877.

"DR. SAYRE—Dear Sir: I inclose my history, which I have tried to condense.

LIZZIE T. R., M. D.

"Lizzie T. R., M. D., of Grand Rapids, Michigan, aged twenty-five; family history good; healthy until ten years old, when I fell, striking my back; was unable to walk for several days; have had continually a dull heavy pain in the dorsal region, and a sore pain under the right scapula. Three years ago had typhoid fever; since then have had a dull aching pain in the bowels, and diarrhoea after any over-exertion. During the past year my uterus and right ovary have pained me most of the time, the pain not being as severe during menstruation as after a long walk. Severe pain in my back was always accompanied by pain in the bowels and pelvis, sometimes running down the front of the right thigh.

"The plaster-of-paris jacket relieved at once the pain and tired feeling in my back, also the pain in the bowels and pelvis. I can now take a long walk, without being conscious that I have either bowels or pelvic viscera. Every one speaks of the improvement in my shape."

The following letter is from a gentleman who has been under mechanical treatment for fifteen years. The last brace applied to him is the one I here show you from the National Surgical Institute at Indianapolis, Ind., and a more ingenious implement of torture could hardly be devised. If you will compare this photograph which accompanies this letter with the one I here show you, taken with the former brace applied, you can not but be struck with the marked change in his condition:

"BEDFORD, IND.

"DEAR DOCTOR: I inclose you a photograph with 'jacket' on, and would say that I am feeling very well indeed, and that your manner of treating spinal diseases is vastly superior to all others that I have ever tried, and I believe I have tried them all. The day after I arrived home, I walked five miles, and it did not hurt my back at all like it did before I put on the jacket.

"Truly yours,

"Lewis A. Sayre, M. D.

T. F. OWENS."

These letters are from persons who have practically tested the thing, and consequently their statements must have some weight. They could be greatly increased, but it is unnecessary. My own experience is, of course, perfectly positive that the patients suffer no inconvenience at all; at least I have seen no patient whom it has not given great relief when properly applied, and have with my son and students applied it now over three hundred times.

Now for the mode of applying it. I have already written so fully on the subject, that it is hardly worth while at this time to enter into details. However, I might probably as well refer to the necessity of having the bandages made of proper material; for even Dr. Smith, who knows as much about the plaster bandage as any one else, in one case used the ordinary hospital roller bandage, which is not of sufficiently loose texture to allow the plaster to penetrate its meshes, and the jacket was therefore useless.

I prefer to use a coarse cloth, such as *crinoline*, rubbing the meshes full of the fresh, well-ground plaster, and rolling the

bandage up in a moderately tight roll. When wanted for use it is immersed, end up, into a basin of water, and when the bubbles stop escaping it is squeezed in the hand, but not too dry, rapidly applied and the bandage well rubbed together as it falls into place.

But the most important point is to have the shirt properly made. If you undertake to put it over the ordinary shirt, you will have to make plaits and folds, and it will be impossible to get the jacket on smoothly. I, therefore, get my patients now to have a shirt made by the Bickford Knitting Machine Company, 689 Broadway, of yarn or wool; and they are made in such a manner that they stretch easily, are very elastic, and when they are tied over the shoulder and under the perineum they fall in smoothly so that there is no plait or fold in them. When they are put on in this manner, the patient is suspended till he is stretched to his fullest extent, and the plaster dressing is immediately applied, as we shall presently apply it before you.

When the disease has progressed so far as it has in this dried specimen, and there is angular bending of the ribs, there is little to be hoped from this or any other plan of treatment for rectifying the deformity, although even in these cases they may be made more comfortable.

Dr. V. I saw for the first time in Chester, Orange county, New York, a few weeks ago while I was there to perform an operation in which he assisted. He looked so pale and weak that I imagined the heat of the room had overcome him, and I ordered the windows to be put up to let a little fresh air come in. But it seemed that this was only his natural color. This reminds me to mention what I did not mention before, that in every case, whether of Pott's disease or lateral curvature of the spine, one of the most striking features is that within a few hours, certainly within the second day after the application of the plaster jacket, there is observed a most marked difference in the color of the skin. I suppose it is due to the increased amount of oxygen which they get into their lungs. I have never tested this point for the purpose of

ascertaining whether this is so or not, but have brought this respirometer here for that purpose. I want him to test the capacity of his lungs before and after the application. He came down to my clinic last Wednesday, and though he had not secured the proper sort of shirt, I was obliged to put the jacket on him then. Owing to the badly fitting shirt, it has galled him somewhat.

[The jacket was here cut off of Dr. V., when he at once complained of feeling uncomfortable without it. The capacity of his lungs was tested with a respirometer, and was found to be on expiration 140 cubic inches, inspiration 100 cubic inches. The head-and-chin collar was then adjusted, Dr. V. slowly pulled himself from the floor, and as he did so the double curve in the spine (seen in Fig. 7) was much diminished (as seen in Fig. 8), and his chest increased one inch in girth, while his waist decreased to the same extent. He signified his ability to hang on in that manner while the plaster dressing was applied, and this arrangement was accordingly carried out for the first time.]



FIG. 7.

## THE DINNER PAD.

Now, before we put on the plaster, we take a piece of cotton and fold it up in a handkerchief, so that it forms a wedge-shaped mass, according to the size of the patient. This is



placed underneath the knit shirt, with the thin edge hanging down, and it is intended to leave room, when removed, for the expansion of his abdomen after meals. It is important to make it thin when it comes under the lower edge of the jacket, otherwise the jacket will fit too loosely about the lower part of the belly. It is taken out just before the plaster sets, and the jacket is carefully molded by the hand to fit the end



FIG. 8.

of the ilium. It is always a good plan to get the patient to eat a good dinner before the jacket is applied, but this precaution of allowing room for meals must never be neglected.

In order to stiffen the plaster still further and effectually provide against its breaking down readily, it might be well to insert perforated tin strips between the layers of bandage, running the length of the jacket. It is also important to rub the plaster in well as you go along, thus driving out any bubbles of air that may be entangled in the meshes of the bandage.

[The patient was here taken out of the slings and laid upon an air-bed by the assistants.]

While the patient is lying upon the air-bed to dry, it is sometimes necessary to wet the jacket with a little water and then dust on some more plaster and rub it in well, so as to put a hard finish to the work. There are sometimes apt to be some weak spots that need touching up and strengthening.

[Dr. V. having become sufficiently dry, was assisted to his feet, and his lung capacity, as tested by the same respirometer as before, was found to be as follows:

	EXPIRATION.	INSPIRATION.
First trial, . . .	180 cubic inches.	130 cubic inches.
Second trial, . . .	200 cubic inches.	140 cubic inches.

Which measurements, as compared with those previously made, namely, expiration one hundred and forty cubic inches and inspiration one hundred cubic inches, show a very decided increase in lung capacity.]

CASE I. J. B., age twenty-seven. Here is a case, as you see, of the extremest degree of rotary lateral curvature, a man twenty-seven years of age. His deformity is so great, and the angles of the ribs so acutely and permanently bent, as to make it impossible to rectify to any great extent his form; and, therefore, I have not considered him a proper subject for treatment. I intended him, and put a jacket on him, about a year ago, as an experiment; and being satisfied that he never could be cured, I refused to treat him any further. But he has so importuned me, for the last week or ten days, to

reapply the jacket that I at last consented, more to get rid of his annoyance than with a hope of doing him any real benefit. He has sent me a note stating the advantages of treatment; and as they are the result of his own experience, I am willing to give him the trial of another jacket, as he says that he can endure the cold so much better when it is on than he can without it. Its advantages are, first, support; second, additional strength one-third; third, additional health one-third; fourth, additional digestive vigor one-third; fifth, power or force of mind; sixth, vital heat in cold weather.

I am inclined, since he has made that remark, to attribute this increase of "vital heat" to the fact that he has a larger capacity for oxygen in his lungs.

[This patient was measured very carefully by Dr. Smith, president of the association, before and after the application of the jacket. Standing unsupported, he measured five feet; suspended in the slings, by head and arm-pits, five feet three and a quarter inches; after the application of the jacket, standing, five feet two and a half inches.]

The fact that he is stretched three and a quarter inches, while hanging, makes it worth while to try to do something for him, but his case seems nearly hopeless. He should be extended every day five minutes at a time, and as soon as he has become somewhat straightened a longitudinal strip should be taken out of the plaster, and the plaster held in place by an evenly applied roller. He should always be kept suspended while the plaster jacket is being readjusted.

When a patient has become sufficiently straight, so as to be able to keep straight by suspension, then I put on a corset made by a Mrs. Drury, at the corner of Thirtieth street and Broadway, an ingenious little Englishwoman, who has a good deal of practical common sense.

[Another patient, a boy sixteen years of age, with a rotary lateral curvature, was suspended by head and arm-pits and encased in a new plaster jacket, the one applied the week before at the college clinic having galled him on account of a badly fitting shirt.]

## THE JURY-MAST APPARATUS.

There are some cases of Pott's disease where the disease even involves the cervical or upper dorsal vertebræ, or both, and in these cases treatment by the plaster jacket can do but little or no good. It becomes necessary to treat the disease by carrying out the same principle as before, by the use of such an instrument as here I show you. (Fig. 9.) It consists of two pieces of malleable iron, bent to fit the curve of the back. To the lower portion are attached three or more perforated tin strips, long enough to go nearly around the body. From two cross pieces at the upper extremity of the iron pieces springs a central shaft, carried in a curve over the top of the head, and capable of being elongated at will. To this is attached, at its upper extremity, a swivel cross-bar with hooks, from which depend straps supporting a head-and-chin collar. The apparatus is employed in this manner:

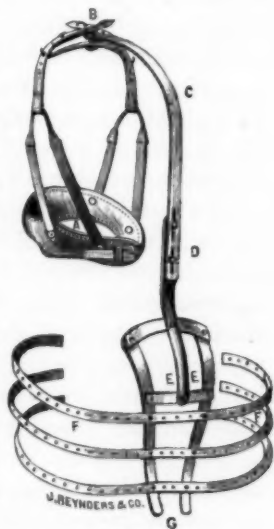


FIG. 9.

The patient is encased in a few thicknesses of plaster roller, in the usual manner. Over this is applied the jury-mast apparatus, care being taken that the malleable iron strips are bent to conform to the surface of the plaster, and that the shaft over the head should be in the same line with the spinous processes; the perforated tins are carried around the body, their ends not being allowed to meet, and over all are applied several layers of plaster bandages which set and hold the instrument firmly in place. This same apparatus is to be applied in lateral curvature when it involves the cervical vertebræ.

In conclusion, I would like to call your attention to some points that are necessary to be observed in the application of the plaster jacket. I have already stated the necessity of having a very tightly fitting shirt of elastic material, made in such a manner that it will accommodate itself to all the irregularities of the body without forming any plaits or folds. Then, when the person is thoroughly suspended, the abdominal pad, which is to be removed after the bandage is applied, must never be forgotten to be placed in the proper position before the plaster is applied. When the person has been suspended, the roller, which has been dipped in water sufficiently long to become saturated, and which varies in width from two to four inches according to the size of the patient you are using it upon, is laid around the smallest part of the trunk (the waist), and wound smoothly around the trunk, not drawn tightly but simply laid on; and then passing successively roller after roller, until you have gone below the crest of the ilium. It is then reversed, and you come back again, carrying it smoothly over the trunk to the axilla, and so returning it backward and forward until you have got a sufficient number of thicknesses to be certain to secure the patient when it has become hardened. The number of rollers, and the thickness of the plaster, vary according to the size of the patient. If the patient is a female, and particularly if she is developing at the time, it is necessary to apply a pad over each mamma also before the plaster is put on; which pads are to be taken out just before the plaster has become hard, and at the time of removing them slight pressure is made over the sternum to indent the central portion of the plaster jacket, thus giving form to the body and removing the pressure from the mammæ.

These slight details may seem unnecessary, but they will be found practically to be of great importance.

[NOTE.—In referring to the patient suspending himself, I neglected to speak of the necessity of having the hand on the side of the *lower* shoulder placed *above* the other at the *finish*, so that more strain can come on that side than the other.—L. A. S.]

## A CONTRIBUTION TO MEDICAL JURISPRUDENCE.

BY G. W. H. KEMPER, M. D.

In December last, at the city of Muncie, Dr. J. P. McIlwain, of Eaton, Delaware county, Ind., was tried for the murder of Miss Mary Alice Foorman, a resident of the same locality. On account of the medical points involved, I have thought a synopsis of the case worth reporting. I shall aim, in all my statements, to be governed by the testimony of sworn witnesses.

On the 8th day of November, 1875, Miss Foorman, aged nineteen years, and supposed to be pregnant, mysteriously disappeared from her home, and all attempts to fathom the mystery were fruitless until the last of April, 1876, when certain members of her family made disclosures that led to the arrest of Drs. J. P. McIlwain and H. B. Manzer; thus, too, it was learned that the girl was dead, and buried near Eaton. The authorities at once offered a reward for her body, and on Sunday, May 7, 1876, at four o'clock P. M., the body was discovered and exhumed.

The body was buried in a wet portion of ground: the grave was about two feet deep, dug in an excavation caused by a tree having been blown over by its roots. About six inches of soil and some pieces of wood were thrown over the body, and all under water of some depth. The soil was so loose that the finder dug out the corpse simply with his hands. The body was dressed in a pair of cotton hose, cotton drawers, chemise and night-gown. A woolen shawl lay across the chest, and the body was wrapped in a coarse woolen blanket.

Immediately after exhumation, the coroner of that county (Blackford) was notified and an inquisition was held. Drs. W. C. Ransom and P. Drayer, of Hartford, made a post mortem examination. The features were well preserved, and looked quite natural for several hours after disinterment. A large

number of witnesses recognized the body as that of Mary A. Foorman.\*

I saw the body the following morning at half past seven o'clock, at the village of Eaton, where it had been removed for burial. It was thought that the examination of the previous day was not sufficiently complete; and accordingly Drs. Ransom and Drayer were notified by telegraph and arrived at noon, and proceeded at once with a further examination. Drs. James, Boyden, Leech and myself, all of Muncie, witnessed the dissection. I made the following notes:

*Second Examination—Twenty Hours after Exhumation.*—Odor very offensive. All the hair was absent from the scalp, except a small patch at occiput. The cuticle was detached at various places of the body, of the extremities, and also of the mammary glands, the areolæ being thus destroyed. The pubic hairs had fallen off. There was no blood present in the blood-vessels, nor in any cavity of the body. Section by Dr. W. C. Ransom.

The *brain* was first exposed by removing the calvarium. The dura mater was intact, and presented an ashen gray color. The whole mass appeared shrunken, so that the cranium was not completely filled. The brain substance was disorganized, and spread out when the dura mater was removed. Odor not so offensive as is usual soon after decomposition begins.

The *lungs* were *in situ*—collapsed. They presented a dark purplish hue, and were in a very good state of preservation.

The *heart* had been removed at the previous dissection, examined and replaced in the thoracic cavity. Its interior was exposed, and all the appearances indicated a normal condition. The organ was well preserved.

\*The fact of this recognition is remarkable. She was buried one hundred and seventy-eight days—twenty-five and a half weeks. "On a trial that took place some years since at Edinburgh for stealing subjects, where the body had been interred nine weeks before the recognition, Dr. Barclay, the anatomist, testified that the longest time he ever knew during which the features remained recognizable, was a fortnight. Yet a witness swore particularly to the identity of the body." (Beck's Med. Jurisprudence, Vol. II, 12th ed., page 49.)



The *liver* was a decomposed and putrid mass.

The *uterus* had been removed the previous evening, placed in a glass jar, and sealed. It was exhibited at this time for inspection. It was enlarged, weighing seven and a half ounces avoirdupois. It measured from os to fundus seven and a half inches, and the greatest width four and a half inches. The walls were half an inch in thickness and spongy. The entire organ was well preserved. The internal surface of the body was denuded of mucous membrane, and presented a dark red color. A spot situated near the fundus indicated a placental site. The os was patulous, its diameter being about three-fourths of an inch.

The *stomach* had been removed and preserved in a glass jar.

The testimony of Dr. McIlwain, the defendant, was in substance as follows: Miss Foorman called to consult me at three different times in the latter part of October, 1875, in regard to the cessation of her menses. She admitted the possibility of pregnancy. I refused to give her medicine; and at the last interview she requested me to visit her mother and have a conversation with her on the subject, which I did. Her mother supposed her to be three or four months advanced in pregnancy; and stated that Nathan Smith and her daughter were engaged, but she preferred that she should not marry while in that condition. I refused to furnish any means for procuring an abortion, and recommended that she be taken to the Home of the Friendless at Fort Wayne, where she could be cared for during her pregnancy and confinement. I agreed to take her to Fort Wayne. I also had a conversation with Mrs. Foorman's son John, about the arrangement, and he and I went to her residence on the evening of November 8th, and brought Mary in a buggy to my house, where we arrived about ten o'clock. Being hindered by business I could not leave, and she remained at my house for three days. On Thursday, November 11th, at ten o'clock A. M., Mary had a chill, and a second at four o'clock P. M. I made no particular examination, as I supposed it to be ague. She complained of feeling cold, and I placed an additional quilt upon her. I left

the room and returned in about half an hour; she still complained of feeling cold, and asked for more covering. I went in again in a few minutes and found her shaking; muscles rigid. I then went and brought Dr. Manzer. I made no close examination, but found her pulse rapid. She was in spasms, hands clenched and arms rigid. Did not examine pupils. She complained of nothing but cold, and called frequently for water. She continued in about that state until she died. She was conscious until a few minutes before she died. After death blood issued from her mouth and nose. There was no hemorrhage from her at any time while in my house, except from mouth and nose, and no stains in the bed where she lay.

Dr. Manzer testified in substance as follows: Felt her pulse, and found it from 100 to 130. Her face was flushed, eyes more or less protruded, and pupils dilated. I asked Dr. McIlwain what he had been doing, and he said nothing. She had a number of spasms after I arrived. I asked her what she had been taking, and she said oil of tansy and oil of savin. After death her features were natural. After we had buried her and returned to Dr. McIlwain's house, I saw a broken goblet in the room which the deceased had occupied. There was something in it; did not know what it was—a dark fluid, with a small amount of white precipitate at the bottom; it was bitter to the taste and odorless. I believe she died from strychnia poisoning. Was not aware that convulsions attend death from hemorrhage.

The girl died at six o'clock P. M., eight hours after the first chill. During all this time they state no effort was made to administer an antidote, or in any way alleviate her sufferings.

Dr. McIlwain further stated: I never attempted an abortion upon Mary by any means, and do not know from my own personal knowledge that she was pregnant.

The body, the night she died, was secretly buried by the two physicians and Robert Brandt.

With this general history, we are now prepared to consider the medical evidence bearing upon the case, and will first take

up the question, *was Mary A. Foorman pregnant?* Nearly all the medical witnesses concurred in the opinion that she was. The principal reasons for thinking so were as follows:

First. The appearances of the uterus. It was enlarged, being seven and a half inches long and four and a half inches wide, and weighed seven and a half ounces avoirdupois. Taken in connection with other symptoms, the physicians for the state—namely, Drs. W. C. Ransom, of Hartford, T. B. Harvey, W. B. Fletcher and W. M. Bullard, of Indianapolis, G. D. Leech and G. W. H. Kemper, of Muncie—considered this condition produced by pregnancy. The physicians for the defense—namely, Drs. H. C. Winans and T. J. Bowls, of Muncie—denied the pregnancy, and attributed the enlargement of the uterus to post mortem changes, or probably to hæmatometra. Dr. Winans thought the enlargement was caused by stretching, due to the generation of gas within its cavity caused by the process of decomposition. That the hypothesis of post mortem changes was untenable, is apparent when it is remembered that the entire body was in a comparatively good state of preservation, and the uterus is well known to be the last organ of the body to decay.\* Again, there was no good reason for supposing a hæmatometra. Acquired imperforation of the vulvo-uterine canal is rare even in the multipara. Her mother stated that menstruation began at the age of fifteen, and continued regularly until August preceding her death, so that from that time until her death she could not have passed over more than three or four menstrual periods; and furthermore sexual intercourse was acknowledged by her lover.

Second. A well defined spot situated on the left side of the fundus, at which point the uterine wall *was thinner*, and

\* "It is worthy of remark that the uterus resists decomposition more than other internal organs. In a case in which the body of a female, who had been missing nine months, was found and examined, although all other parts were completely decomposed, the uterus was of a reddish color, firm in structure, and its parts were recognizable, so that Casper, who examined the case, was able to affirm that the female was not pregnant at the time of her death." (Taylor's Med. Jur., 5th Am. ed., p. 545.)

opening into which were four or five sinuses that were readily inflated with a blow-pipe by Dr. Fletcher, was called by the physicians for the state a placental site. Drs. Winans and Bowls denied and pronounced it a "decayed spot." Both of these gentlemen affirmed that the uterine wall was *thicker* instead of thinner at the placental site. Dr. Bowls said that he would expect to find the walls of the uterus, at the fifth month, one to one and a half inches thick, and the placental site very much the thickest. As this is a point of some importance in medico-legal cases, and but little assistance rendered by the books, I would call attention to a recent examination by Dr. Fletcher, where it is conclusively shown that the placental site is *thinner*.\*

Third. Another point of importance was involved, namely, the value of the microscope in determining, so long a period after death, whether the woman had been recently delivered. Dr. Fletcher, by this instrument, found the walls of the uterus denuded of mucous membrane, and considered that this was a proof that the woman had been recently delivered. He considered this evidence strengthened from the fact that he found the mucous membrane of the cervix present, and in a good state of preservation, and that the mucous membrane of the mouth and intestines was well preserved. Dr. Winans examined with a lens of sufficient "power to exhibit the fiber in white writing paper," and affirmed that he found the mucous membrane of the body of the uterus intact, except at one point in the upper part and to the left, which he designated the "decayed spot." He admitted that delivery at the fifth month is always indicated by the shedding of the mucous coating. Dr. Bowls also thought the mucous membrane was present even at this time (December, 1876,) and yet in a short time he declared that the uterus was so much decayed that he was in doubt whether the enlargement was due to the retention of blood or not. Likewise Dr. Winans stated, on the cross-examination, that the uterus was in an advanced stage of decomposition. Query:—If there was any putrefactive

\* American Practitioner, April, 1877, p. 226.

change at all of the uterus, would not the mucous membrane yield first?

Fourth. The dilatation of the os—about three-fourths of an inch—was regarded by the physicians for the state as evidence of recent delivery; those for the defense asserting that it resulted from hæmatometra.

Fifth. Another point at issue was in regard to the structure of the uterus. Drs. Winans and Bowls affirmed that there was no muscular tissue in the unimpregnated uterus, that it is "simply a connective tissue" (Winans); "a potential fiber" (Bowls). According to Dr. Winans no fibers were visible in this uterus; *ergo*, it was unimpregnated. Further on in his testimony, when describing the depth of this "decayed spot," he forsook his theory and said: "Its deepest portion was in a plane with the outermost layer of the muscular tissue." Question by Mr. Ryan—"Through the muscular coats?" Answer—"Yes, sir, and partially the third." Dr. Fletcher showed the difference, which was merely one of development, between the muscular fibers of the unimpregnated and of the impregnated uterus; and demonstrated that the fibers of this uterus corresponded in size and appearance with the latter.

The next question involved is the *cause of death of Mary A. Foorman*. Upon this question also the physicians for the state and those for the defense failed to agree. We will first consider poisoning as a cause. There is no evidence to this effect, except the statements of Drs. McIlwain and Manzer. Drs. Winans and Bowls, basing their conclusions upon this testimony, gave an opinion that she died from strychnia poisoning. On the contrary, Dr. W. M. Bullard, who analyzed the stomach, testified that the organ was empty, healthy and well preserved. The proper tests known to chemists were applied for strychnia as well as the other usual poisons. No trace of any poison was detected, and he gave an opinion that none was present. He cited cases where arsenic and strychnia had been detected in the dead body after a much longer period than had elapsed in this case, thus proving that poison would have been detected had it produced death.

We next proceed to notice the uterine lesions which might point to a cause of death. Dr. Harvey, who examined the uterus on the 6th day of September, 1876, testified that it was well preserved and healthy, except that the mucous membrane of the body was absent, and that the neck or mouth had been considerably lacerated, indicating instrumental violence. He thought the uterus had been impregnated and the fetus had been expelled by mechanical means. He thought hemorrhage was the immediate cause of death. In the main, the physicians for the state concurred in these opinions.

I have not deemed it proper to add the testimony of non-professional persons, as it was the medical side of the question I desired to consider. I will state, however, that evidence was adduced confirmatory of pregnancy, as well as the production of abortion. The very manner of disposing of the body is stamped with guilt, and the lashing of a guilty conscience in John Foorman, brother of the deceased, who was cognizant of all the facts, would not let him rest, and he eventually confessed all, adding additional proof to the maxim that "murder will out."

The jury returned a verdict of guilty, and sentenced Dr. McIlwain to the state prison for the term of two years.

MUNCIE, IND.

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## REMARKS ON SYPHILIS, SCARLATINA, MEASLES, VARIOLA AND VARICELLA.\*

BY L. P. YANDELL, JR., M. D.

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In the brief report on dermatology which I had the honor to make to the Society, at its last session, my remarks were confined to the skin diseases proper, meaning by this term those non-specific affections whose major symptoms are observed on the skin, and whose demonstrable existence, indeed,

\* Read before the Kentucky State Medical Society, at Louisville, April, 1877.

consists in most instances solely in the eruption. This division of the subject is of course purely arbitrary, and is merely adopted for convenience.

The correctness of the views expressed in my previous report as to the etiology and therapeusis of the maladies of the skin, has been confirmed by twelve months' clinical observation in hospital, dispensary and private practice; and I now reiterate the assertions then made, namely, that "the most abundant source of acute skin disease is that mysterious something which we call malaria; the diathetic poison known as struma is the chief source of the chronic skin diseases; and to these two *materies morbi* we may trace the greatest number of diseases of the other tissues." Be it understood I am not now including the specific exanthems; and I do not claim that malaria and struma are the sole causes of the true skin diseases.

On the present occasion it is my purpose to consider, as briefly as possible, the specific exanthems: these are scarlatina, measles, variola, varicella, and syphilis.

*Scarlet fever*, or *scarlatina*, was known to the profession as early as the sixteenth century; but its specific nature was first established by Morton about the middle of the seventeenth century. (Ziemssen.) Up to the present day the profession is not of one mind as to the best treatment for this disease. Our main reliance is in attention to general conditions, not neglecting local symptoms. Quinia, iron, and heart tonics, together with baths and anointings, comprise the most promising remedies. Belladonna, either as a preventive or curative agent, is no longer thought of. As to the name and symptoms of scarlatina there is no dispute, but its contagiousness, though generally conceded, has some firm opponents.

*Measles*, formerly denominated *rubeola*, and now called *morbilli* by many writers, is said to have been known during the fourteenth century, though its specific nature was not established till about the middle of the last century. The term *morbilli* means literally "little disease," and was first employed, according to Hebra, to distinguish measles from the



greater and graver disease, the plague. Measles is from the German word *maser*, a spot; and rubeola signifies a reddish color. By this name, in former times, several distinct diseases were called. At the present rubeola is frequently used to describe what is otherwise called *rötheln*, or German measles. This is an extremely insignificant malady, closely resembling the milder cases of measles. Little, if any, treatment is necessary, and prognosis is favorable.

In the management of measles, much improvement has been made within the last quarter of a century. The self-limited nature of the disease, its brief duration, and its tendency toward recovery, in the great majority of cases, are now recognized facts; and it is only for the relief of symptoms of unusual severity, or for some complication, that medical interference is demanded. The patient should be allowed food and drink, hot or cold at will, and good ventilation should be secured.

*Variola* is probably of eastern origin, and is of incalculable antiquity. A hundred years ago it was the most dreaded and the most fatal of all diseases. At that time it was far more exceptional for persons to escape small-pox, than it is now for them to contract it. It was estimated that from ten to twelve per cent. of all the deaths then occurring were due to this scourge. Jenner's great discovery, vaccination, though still violently opposed by a few medical men, has robbed the disease of much of its terror; and it is believed by some that it not only prevents small-pox, but that its influence on the race in general, by heredity, has been to diminish the virulence of the disease. Were vaccination universally performed, it is probable that total eradication of variola would eventually be accomplished. The contagiousness of small-pox, although almost universally admitted, has its opponents.

In the treatment of variola, we have made no late advances. To make the patient as comfortable as possible, to treat symptoms, to assist nature, comprise all that we can safely do.

*Varicella*, or chicken-pox, though one of the specific exanthems, is of no importance and requires no treatment.

I come now to the gravest of the specific exanthems. Though seldom occurring in epidemic form, and less violent than scarlatina and variola, this disease exists at all seasons and in all countries, and is ever on the increase. I speak of *syphilis*.

The origin of the word syphilis is an unsettled question, and I venture to offer a theory on the subject which seems to me more probable than any hitherto suggested. "The town disease," "the town disorder," are terms used by the lower classes, and especially among the rustics, to indicate this affection. Syphilis, from our first knowledge of it, has been eminently a city disease. The Latin word *civilis* signifies pertaining to a city or to citizens; and it occurs to me that *morbis civilis*, i. e., citizens' disease or city disease, was probably the first popular name for syphilis. Furthermore, it is perfectly natural, and in accordance with popular custom, that, for the sake of brevity, the word *morbis* should have been dropped, leaving only *civilis*. The alteration in the spelling of the word is not remarkable. Chancre was once spelled shanker, scrofula was spelled scrophula, and often we find even the meanings of words wrenched entirely from their original signification. For instance, gonorrhœa once meant a flux of semen, indolent meant painless, and collyrium, which to-day means an eye-remedy, once indicated a cylindrical medicine to be introduced into the anus, vagina, or nostril.

Any extended history of syphilis in a paper like this would be out of place, and I shall therefore only venture to make a few remarks concerning the origin of the disease. In Lord Bacon's Natural History, printed about the year 1660, page 6, ("Experiment solitary, concerning the *venomous quality of man's flesh*,") he says: "The French (which put off the *French disease* unto the name of the *disease of Naples*), do report that at the siege of *Naples*, there were certain wicked merchants that barrelled up *man's flesh* (of some that had been lately slain in Barbary), and sold it for Tunney;"—[tunny-fish, I presume—L. P. Y., Jr.]—"and that upon that foul and high nourishment was the original of that disease. Which may

well be; for that it is certain that the *cannibals* in the *West Indés* eat *man's flesh*; and the *West Indés* were full of the Pock when they were first discovered. And at this day the Mortalest Poysons practised by the *West Indians* have some mixture of the blood, or fat, or flesh of man. And divers Witches, and Sorceresses, as well amongst the *Heathen* as amongst the *Christians*, have fed upon *Man's Flesh*, to aid (as it seemeth) their imagination with high and foul vapours."

This absurd theory of Lord Bacon's, it is probably unnecessary to remark, is not entertained at the present day.

Among other conjectures as to the origin of syphilis, sexual intercourse on the part of soldiers with mares affected by farcy, has been suggested; also sexual intercourse between the human species and the hog, and sexual commerce between individuals of different races and climates. These doctrines have no followers among modern syphilologists.

It is an interesting fact that almost every nation has been charged with the paternity of the Pocks. It has been called the American disease, the English disease, the French disease, the Italian disease, the Polish disease, the Turkish disease, and so forth to the end of the chapter of peoples.

Wars have been, in all likelihood, an important factor in the development and spread of syphilis, and the armies are most probably the authors of the nicknames just enumerated; for we know that soldiers are not remarkable for chastity, and are not niggardly in the bestowal of hard names on the enemy. Whatever be the origin of syphilis, and probably we shall never determine the manner of its birth or the country of its nativity, this much we do know that syphilis is to-day universal in its dissemination, and is steadily increasing in all lands, and that its spread is most marked in countries of the high civilization. Indeed, it may be said that civilization and syphilis march hand in hand.

The prophylaxis of syphilis, this most loathsome of acquirable diseases, is one of the great questions of state medicine of to-day; and so far no practicable plan for its arrest has been devised, and I freely confess I have no suggestion to

offer. Indeed, until the human race become virtuous, there is, it seems to me, but little hope for a decrease in syphilis.

Venereal diseases, in the past, were regarded as among the *opprobria medicorum*, and were relegated to the surgeons, who, in times gone by, occupied a position less honorable than that which they have since carved for themselves. To-day these affections are claimed by the dermatologists as properly belonging to their branch of medicine; but here, in Kentucky, where despotic specialism is less arrogant and dominant than in some other quarters, every practitioner is more or less of a syphilologist.

Those of you who are familiar with the literature of syphilis, are aware of the wide diversity of belief among the recognized authorities; and, since we have no established creed, I feel myself at liberty to offer the following brief statement of some of the more important practical truths of syphilis, as they appear to me. These are opinions based on twenty years' clinical observation and study of the subject.

Syphilis is a unity. It is due to but a single poison, and can not be produced by any other. Syphilis never produces any other disease than syphilis.

The syphilitic virus is inoculable by means of the blood, milk, saliva, semen, pus, and all the other normal and abnormal secretions of syphilitic subjects. This virus, in order to produce its effects, must go directly into the circulation. Applied to the unbroken skin or mucous membrane, it is harmless. Taken into the stomach, it is inert. In these respects, its behavior corresponds with the poison of reptiles, insects, rabid animals, and the vaccine virus.

Syphilis may be transmitted by either parent to the offspring.

A syphilitic father may beget healthy children, and a father once syphilitic, but to all appearances cured, may beget syphilitic children. A sound mother may bear syphilitic children, without herself becoming contaminated; or she may acquire the disease from the child during the process of gestation.

Syphilis is communicable by contact, and transmissible by inheritance in all its stages; least so in the tertiary.

The division of syphilis into three stages is purely arbitrary. The same poison exists in each, and may show itself in the offspring in either of the forms, called primary, secondary and tertiary.

Acquired syphilis appears in the form of what is known as primary; though this stage may escape the observation of both patient and physician, and the secondary may be the first syphilitic manifestation to arrest attention. Inherited syphilis appears as either secondary or as tertiary.

The rule in acquired syphilis is, that secondary next follows primary, the tertiary succeeding the secondary; but the tertiary may precede the secondary, and the secondary may never appear at all.

Primary syphilis, initial lesion of syphilis, infecting chancre, Hunterian chancre, indurated chancre, hard chancre, true chancre, are synonymous terms. This lesion may occur on any portion of the body, but most frequently it appears on the sexual organs, because of their more frequent exposure to the venereal accident.

An unique induration, a peculiar hardness, is an almost invariable feature of the primary lesion. This sore is usually single, painless, non-suppurating. It is discovered within a period varying from eight days to three months after exposure. Bilateral, symmetrical, or, in other words, simultaneous enlargement of the lymphatics of both sides of the body, commonly accompanies syphilis.

Secondary syphilis shows itself within three weeks to three months after the primary. Tertiary comes on within three to six months after the beginning of the secondary. All the stages, in rare instances, may coëxist, and the primary sore often lingers long after the secondary symptoms are thoroughly established.

Suppurating bubo is an exceptional accident in syphilis. It is not a natural feature of the disease. Unless the subject of indurated chancre be in depraved health, or the sore be injudiciously treated, glandular suppuration will rarely happen. Phagedæna is likewise an accident in syphilis, and has

no natural connection with it. Malaria, alcohol, malnutrition, and local constriction, are its usual sources.

*Treatment.*—Destructive cauterization and excision should never be resorted to, either in genuine chancre or any other venereal sore. The so-called soft chancre, chancroid, non-infecting sore, never deserves to be cut out or burned out, because it never contaminates the system. It can no more produce syphilis than can scrofula or cancer. The true chancre should never be cut out or burned out, because the system is already contaminated when it is perceived. Its existence is positive proof that the system is already poisoned. Excision and cauterization irritate the sores, aggravate the existing inflammation, and thus enhance the chances of suppurating bubo.

Venereal sores require exactly the same treatment as other sores, and heal most quickly under the application of anodynes, astringents and protectives, accompanied by the internal administration of iron and bitter tonics. The occasional application of sulphate of copper often promotes their healing. Soap and water are irritants to syphilitic sores as they are to all others, and should rarely be used in the management of any of the solutions of continuity. To cleanse the sores oil is the best material.

*Diet in Syphilis.*—The diet should be the best at the patient's command, and meats and fats should be especially insisted on. Tobacco and alcohol must be imperatively prohibited in all the stages of the disease. They act both as local irritants and constitutional poisons.

Secondary and tertiary sores require the same management as the primary lesions in all respects. Far too much attention is usually given to local treatment in syphilis, as in other eruptive diseases.

Mercury is the only antidote to constitutional syphilis, and syphilis is always constitutional. For mercury we possess no substitute. Iron and bitter tonics, and all agents which promote nutrition, should be given in connection with the mercury, and large doses of quinia are often demanded; cod-liver

oil, syrup. hypophosphites, syrup. ferri iod., and the extract of malt, are valuable remedies in the advanced stages.

In the treatment of tertiary syphilis, iodide of potassium possesses great palliative, if not curative influence; and without it, it is impossible in many cases to control the more advanced and serious manifestations of the disease. It should be given largely diluted, and from a drachm to one ounce or more in the twenty-four hours is often required.

The best form of mercury for internal administration, in my judgment, is corrosive sublimate in solution. The best method of administering mercury is the moist mercurial vapor bath. The baths remove the symptoms of the disease with greater certainty, with more rapidity, relapses are less frequent, and the risk of producing the ill effects of mercury under this treatment is *nil*. Mercurial inunction is the most satisfactory method in infantile syphilis, though the bichloride acts well in these cases. Whatever form of mercury or method of administration be adopted, treatment should be prolonged uninterruptedly for some weeks or months after all signs of the disease have disappeared; and the mercurial treatment should be followed by a more or less prolonged course of iodide of potassium.

*Prognosis.*—An eminent German syphilologist is said to have declared that "not only is syphilis never eradicated from the system, but that the ghosts of pock-infected inhabitants of this world will suffer from the dread affection in the land of shadows." And there is a widely prevalent popular belief that syphilis is never entirely cured, and not a few physicians entertain this opinion.

My belief is that syphilis is one of the positively curable diseases, and I know of no malady the symptoms of which yield more kindly and certainly to proper treatment. Indeed, I believe that bad treatment, and exaggeration of statement, are largely responsible for the fearful reputation this disease has acquired for violence, malignity and obstinacy. At the same time I must admit that, in extremely rare instances, cases may be encountered which defy all treatment.



*Prognosis* is most favorable in children, and the younger the better are the chances.

Next to children, women are most satisfactorily treated.

Young men stand next in point of curability: the older the patient is, the less is the likelihood of permanent cure.

How we may know when our patients are cured of syphilis, is a question impossible to be satisfactorily answered in the present state of our knowledge. I consent to patients marrying after twelve months of freedom from syphilitic manifestations, if they have previously undergone a thorough course of mercury and potash. At the same time, I warn them that the only proof of cure is immunity from the symptoms, and that it is possible that, either in himself, his wife, or his offspring, syphilis may crop out. But if the disease returns, it almost always yields speedily to treatment; and if the wife or child get it, they, as a rule, quickly recover.

I hope I may not be understood as advising syphilitics to marry. It would be safer and far better for the race, if all syphilitics, and consumptives, and rheumatics, and epileptics, and all others not indisputably sound, could be prohibited the privilege of procreation. But since such people will marry, we should give them all comfort possible within the bounds of truth.

LOUISVILLE, KY.

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## GLAUCOMA SIMPLEX.

BY I. A. E. LYONS, M. D.

Jennie T., age fifteen years, for the last five years has at times suffered from indistinct vision, but during the intervals vision would return to a normal standard. The disease was allowed to run its course uninterrupted, the patient not being aware of the insidious nature and permanent injury likely to result. Finally the intervals when vision was good became

shorter and shorter, the pain in and about the eye and side of the head more severe, with slow but permanent contraction of the visual field, the pain being worse at night and so severe that sleep was impossible. These troubles continued to grow worse until I saw her with Dr. T. Parvin, on the second day of March, at which time the following symptoms were noted: In the right eye, both qualitative and quantitative vision were lost; that is, she could see nothing. The tension of the eye was equal to plus two, or second degree, for the fingers could only slightly impress the coats by pressure on the eye.

In the left eye the field of vision was much contracted, especially on the nasal side; this half of the visual field being incapable of appreciating light, while on the temporal side it was concentrically contracted only. Tension did not quite equal plus two in this eye, and the patient counted my fingers at a distance of one and a half feet, when the head was slightly turned to the left of the vertical meridian.

The external appearance of the eyes was perfectly healthy, the iris looked natural, and the refractive media were clear. The ophthalmoscope revealed the fact that both of the papillæ were slightly excavated and very pale, and that arterial pulsation was easily produced.

At this visit chloroform was administered, and I made an iridectomy in each eye as large as could be done conveniently, after which the eyes were bandaged and the girl put to bed. I saw the patient again on April 10th, but before this time had been apprised of the gradual improvement of vision and the lessening of pain; and that she had written a letter, something she had not done for years. On examining the eyes, I found that with the right, the one with which she saw nothing before the operation, she could now see my hands and tell if one or both were before me at a distance of ten feet. The tension was slightly above normal, but very much less than it had been. With the left eye, with which she counted fingers with difficulty at one and a half feet before the operation, she now counted at a distance of fifteen feet. The tension of this

eye was normal. The ophthalmoscope showed a remaining exudation of the optic papillæ, which, instead of being pale as formerly, were now of a reddish color, which indicated that the tension was less, and that the circulation was again restored.

Treatment in these cases is effectual if it be begun in time. The treatment consists in drawing a portion of the iris through an incision made in the sclerotic, about one line from the sclero-corneal junction, and snipping it off quite up to its ciliary attachment. This causes, in the vast majority of cases, a permanent diminution of the abnormally increased interocular tension; just how it does it, is not definitely known.

The sooner the iridectomy be done the better; if it be delayed too long, it gives time for the development of degenerate changes. Hence comes the rule, the operation should be performed as soon as possible. (Stellwag.) The main object of the operation is the reduction of the interocular tension, thereby establishing a more favorable condition of the circulation and nutrition.

Finally, if the glaucomatous degeneration is far advanced, an iridectomy would only increase the difficulty, and the best plan then would be to enucleate the ball.

INDIANAPOLIS.

## Reviews.

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**Medical Statistics of the Provost-Marshall-General's Bureau.** By J. H. BAXTER, A. M., M. D.

These two thick quarto volumes contain a mass of statistics which, it is to be apprehended, few readers will have the courage to encounter; but the conclusions to be drawn from them have a general interest which impels us to attempt a partial analysis of their contents. They relate to the examination of men drafted into the military service of the United States, their size, figure, and all disqualifying circumstances, and are, therefore, anthropological as well as medical. They embody the records of the examination for military service of over a million of men. It is seldom that an opportunity is afforded the medical inquirer of resting his opinions on so wide a basis of induction.

Among the questions suggested by those statistics is the age at which man attains his full stature. The popular belief fixes it at about twenty-one, but the period is much later according to the tables in these volumes, as indeed Quetelet and other foreign writers had shown it to be in Europe. It appears that the white native of our northern states does not attain his full growth until he is between thirty and thirty-five years of age. Thus, while the average height of 46,855 men under twenty years was 66.57 inches, that of 23,174 from thirty to thirty-five years was 68.22 inches.

The mean height of 315,620 United States soldiers was found to be 67.672 inches. In this particular Kentuckians stand at the head of the list. Their average height was found to be 68.677, or an inch above the general average. Kansas comes next to Kentucky in this respect, and shows an average

of 68.551 inches. Then follow Minnesota, Missouri, California, Nevada, Indiana, West Virginia, Wisconsin, Maine, Iowa, Illinois, in the order mentioned, down to Connecticut, where it was determined to be 66.587, or more than two inches below the Kentucky average.

The girth of the chest was found greatest in Indians; next in soldiers from Kentucky and Tennessee: the average being 34.50 inches; that of the troops from those states was 35.30, or nearly an inch in excess. These states General Gaines once called "the great military states," and the stature of their men shows them formed for war. The girth of the chest it is proved increases as the height extends, with a regularity that would almost admit of an arithmetical calculation.

Mobility of the chest affords important indications as to fitness for military duty, and consequently as to constitutional vigor. It increases with the height of the individual. If, with a certain stature, a corresponding girth and mobility of the chest is not found to exist, the man is unfit for a military life. The spirometer thus often detects incipient phthisis, which affects the breathing capacity before it reveals itself by any other sign. The mean expansion being three inches, in a few cases it was found to be as much as six or even seven inches, and in some who were accepted as little as one inch; but some abnormal condition of the chest may be suspected when the mobility is so slight.

In regard to military aptitude, or the union of all the conditions of admissibility into military service, our country is proved by these statistics to rank high among the nations of the earth. The military population of the United States in 1860 was 5,624,065, of which 1,604,193 is to be deducted as being in the insurgent states. In 1861, and during the war, it may be set down as a little over five millions, allowing for increase. The entire number of men called for by the president was 2,942,748, and the number actually furnished was 2,690,401. At the end of the war there were two millions and a quarter enrolled, but up to that time undisturbed by the draft. So that of five million men forming the war class,

3,817,452 were found fit for military service. Or, in other words, one-half of the entire male population, between the ages of eighteen and forty-five years, actually bore arms under the union flag; and nearly the full remainder stood ready to take them up if called upon. The conclusion which we would draw from these facts is a political one, not medical, but we hope will be excused in this connection. It is that our country has small need of a standing army. That which Dr. Baxter draws is equally obvious and just, "that with such a record of patriotic devotion in the past, it is not needful to inquire particularly into the rate of military aptitude of this nation."

A series of charts composed of horizontal lines or columns is given, by which is at once presented to the eye the prevalence of various diseases in different nativities, in married or single life, in different temperaments, and at various ages. Take chronic rheumatism, for example; the column representing the married is three times as long as that standing for single life. The column opposite forty years and over, is twice as long as the one opposed to thirty-five, forty, and more than ten times as long as the one representing twenty years. And as to nations, the charts show that the men of Norway furnish twice as many as any other people.

In scrofula, little difference appears in the length of the columns until we reach nativities, when that pointing to Denmark is seen to be more than twice the average length, and a fourth longer than that which represents the United States.

Phthisis pulmonalis is shown by the charts to have been nearly three times more common among the married than the single; to have been present oftener in persons from thirty-five to forty than at any other age; next at thirty to thirty-five, and at forty and over; and very much seldomer at twenty to twenty-five, and especially under twenty. In regard to nativities, Poland has a column nearly twice as long as that of the United States, more than twice as long as that of Norway, and more than ten times as long as the column representing Denmark.

The ratio rejected on account of diseases of the nervous system was much greater among the natives of Mexico, Hungary and Holland, as indicated by the chart; and the ratio of Hungarians rejected on account of insanity was double the average of all nations, and more than four times the ratio of the United States. These facts are very strikingly represented in the charts. Age constantly appears as increasing the liability to disease. Complexion or temperament is shown to exert a trifling influence, though the line standing for the blonde is generally a little longer than the one pointing to dark complexions. The influence of trades and professions in developing diseases, and the relations of height and girth of chest to various affections, are exhibited in these charts, with many other points interesting to medical men.

Disease, in its relation to occupation, is shown by one of the charts; and it appears that among the professions editors were rejected oftener than any others, and next to them teachers; and then follows, in the order named, physicians, clergymen, public officers, dentists, lawyers, architects, druggists, musicians and students. Among skilled trades, paper-makers and hangers stand at the head of the list, and iron-workers and tanners at the foot; and among the unskilled, watchmen were rejected in much the largest ratio, and soldiers in far the least.

Of the states, Massachusetts in a thousand men presented just twice as many who were rejected, on account of general disease, as Minnesota; four times as many as Maryland, Michigan or Wisconsin; and five times as many as New Jersey or West Virginia. But organic diseases caused the rejection of much the larger number in Missouri, Kentucky, Illinois and Maryland; Massachusetts being below the average, and New York, Vermont and Rhode Island standing at the bottom of the list.

Following these charts are maps illustrating, by gradation of color, the prevalence of all disqualifying diseases in the several congressional districts of the United States. One of these is devoted to chronic rheumatism, another to syphilis,



another to phthisis, and so on. They afford matter for curious speculation, and the medical philosopher will study them with deep interest.

Part III of the first volume consists of the reports of surgeons of boards of enrollment, in which the following, among other points, are noticed: The geographical character of each district; its inhabitants, their mode of living, diseases, and their cause; the frauds most frequently resorted to by drafted and enrolled men; the nationality presenting the greatest physical aptitude for military service; and the physical qualifications of colored men for the same. The reports supply far the most connected account extant of the physical characteristics, and the social and hygienic condition of the inhabitants of the states that resisted the rebellion. The medical man is most concerned in what relates to the prevailing diseases of the various districts, and their conjectured etiology. To him they are of great interest, as presenting "a comprehensive view of the nosogeography of the entire belt of the northern states."

As many reports are given from each state, in most instances, as it contains congressional districts. Thus there are eight from Kentucky (all but the seventh district), which afford in the aggregate a very complete view of the medical topography and diseases of the commonwealth in all its quarters. Dr. J. M. Best reports on the first district, consisting of the counties in the west end of the state, lying on the Ohio and Cumberland rivers. One fact that struck him, he remarks, was the sameness of the diseases of the valley and district. Another was the frequent errors in diagnosis committed, malarial cases being often mistaken for typhoid fever, and treated consequently upon the expectant plan.

This latter statement, we confess, surprises us. We had supposed that the error was generally in the other direction. Too much medication rather than *nihilism*, is the charge most frequently brought against our practitioners in Kentucky. But the hint is a timely one. It may be that the alleged misconception does sometimes occur, with the consequent error

in therapeutics. Certain it is that we meet pretty often in Kentucky with cases which are not typhoid fever, but which, at the same time, are not amenable to the remedies that arrest malarial diseases. In vain do we push quinia in such cases; they run on not unfrequently for weeks unaffected by it. And yet they are wanting in the pathognomonic symptoms of typhoid fever; and the only rational course with them seems to be the expectant.

A question discussed by Dr. Baxter, in his introduction to the first volume, has a curious interest, though destitute of any practical bearing. It relates to anthropometry, or the proper proportions of the human body. The celebrated Greek sculptor, Polykleitus, wrote a treatise on the subject which has been lost; but some account of it was left by the Roman writer on architecture, Vitruvius, who gives the following as some of his propositions. He says: "The human body, as nature composed it, has this proportion, that the face is a tenth part of the whole height; it is the same length from the wrist to the tip of the middle finger. The head, from the chin to the top of the skull, is one-eighth part; the same to the pit of the neck. From the top of the chest to the roots of the hair is one-sixth part, and to the top of the head one-fourth. The third part of the face is from the bottom of the chin to the lowest part of the nostrils. The foot is one-sixth part of the whole height; the cubit one-fourth. The navel is naturally the center of the body; for if a man be laid upon his back, with hands and feet extended, and his navel be taken for the center, the circumference of a circle so drawn would touch the extremities of his fingers and toes."

The question is an interesting one whether, since the age of these ancient writers or in our country, the human form has undergone any change for the worse; and it is gratifying to reach the following conclusion as stated by Dr. Baxter: "Everything tends to establish, on the contrary, that the human type in our clime is identical with that deduced from observation of the most symmetrical ancient statues."

The second volume is composed entirely of tables, which

are designed to show the relation of stature, complexion and age to girth and expansion of the chest, and of both to locality; and the difference of races and nationalities with regard to all. Other tables are taken up with the more important relations of disease to stature, age, girth of the chest, complexion, marriage, occupation and age. The principal results have been already stated.

If this learned work should fail to attract much present attention, it is one which will be consulted by future generations for statistics which are no where else to be found.

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**A Course of Practical Histology**, being an Introduction to the Use of the Microscope. By EDWARD ALBERT SCHAEFER, Assistant Professor of Physiology in University College, London. Philadelphia: Henry C. Lea.

The tyro in the use of the microscope often fails to discern the changes in a pathological specimen on account of an inferior light, an improper use of lenses, or some error in mounting the object to be magnified. This book gives specific instructions for the suitable preparation of animal tissues; and in the introductory chapter "an account is given of the several parts of the microscope, and the purposes for which they are intended, without entering into an explanation of its optical construction." In the first chapter is given the manner of preparation and examination of blood, which is so clear and explicit that it is refreshing to observe it in a scientific work; and equally simple and terse in style are the remaining chapters. There is an appendix, which gives the method of measuring objects, mode of counting blood corpuscles, employment of eosin as a staining fluid, etc.

This is a book which we do not hesitate to recommend to the profession. It is not as complete as some works on the subject, for it is only intended as an introduction; but in these progressive times, when many physicians are taking up the study, this is a book that is needed, and might be appropriately named the study of microscopy and histology without a teacher.

**Therapeutic Use of Faradaic and Galvanic Currents in the Electro-Thermal Bath.** By JUSTIN HAYES, M. D. Cloth, 16mo., 112 pp. Chicago: Jansen, McClurg and Co. 1877.

Dr. Hayes has had an experience of more than fifteen years in the use of the electro-thermal bath, and is probably entitled to speak on this subject. He says that "he is confident that as an auxiliary in the treatment of diseases of women, this bath is a boon of greater value to her than has been discovered during the last fifty years." The bath-tub is so arranged that when the patient is in it, a faradaic or galvanic current can be sent through the water. After general directions as to the temperature of the water and the manner of giving the bath, the history of twenty cases of various diseases treated is given, among which is the cure of a case of progressive locomotor ataxia. We confess we are somewhat skeptical about its curing a case of progressive locomotor ataxia, but hope that it is true, and that hereafter physicians may not be so powerless in the treatment of this intractable disease.

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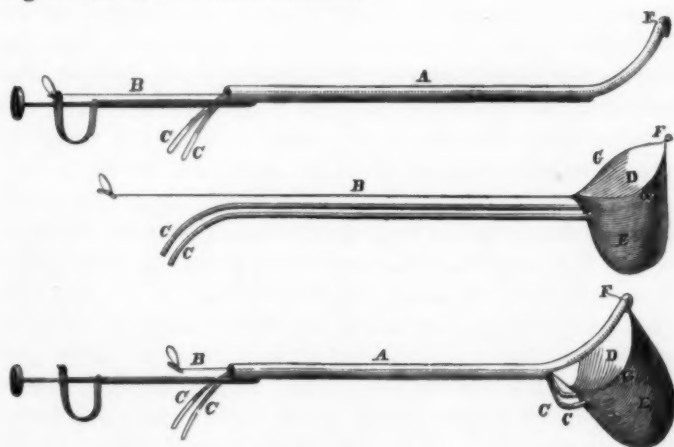
**A Directory for the Dissection of the Human Body.** By JOHN CLELAND, M. D., F. R. S. Cloth, 12mo, 182 pp. Philadelphia: Henry C. Lea.

Our text-books on anatomy do not, as a rule, give directions in detail how to dissect a given region or part, and hence the demand for such books as Cleland's Dissections, which are intended to be used in the dissecting-room by the student. In this little book, after describing how to use the instruments and the order of dissection, the author proceeds to give an accurate description of the manner of systematic dissection of the entire body. The book will be useful to one just beginning to dissect, and the writer "hopes it will afford to the student who has carefully dissected, the means of easily reviving before his mind the picture of the parts as he has seen them."

## Clinic of the Month.

LITHOLYSIS.—Dr. George C. Duncan, in *Edinburgh Medical Journal* for May, says: In fulfillment of the promise given in the introductory notice of this subject in the October number of the *Edinburgh Medical Journal*, I will now attempt to lay before your readers a more minute description of the instrument; but, before doing so, I wish it to be distinctly understood that I do not pretend to say that all urinary calculi can be got rid of by litholysis, but that some cases may be successfully operated upon; and if the percentage of these be ever so small, it is I think worthy to be placed in the list of means employed for their removal.

An examination of the annexed diagram will assist in giving a clear idea of the instrument.



In my former article I stated that the method proposed was to encase the calculus in a thin pouch of india-rubber, intro-

duced by a suitable contrivance, which is somewhat similar to an ordinary catheter, the difference being that about one-third of the convex side of the curved part is wanting, making a sort of trough in which lies the rubber pouch when empty, and in readiness for either insertion or extraction; and entering this pouch are two rubber tubes which communicate from it through the catheter to the operator.

The instrument consists, in the first place, of an ordinary catheter (A), gold-plated to prevent any corrosive action taking place from any of the acids used coming in contact with it. Running through this catheter is a small stiff steel wire (B) and attached to one end of an elliptical steel spring (G), which is fixed at the other end to the point of the catheter, where it works on the hinged joint (F), so that when the wire (B) is forced through the catheter, the spring which is fixed at the joint (F) is allowed to open, and by drawing the wire (B) in the opposite direction, the spring is forced to close and lie in the trough of the catheter. Attached to this spring (G) is a rubber pouch (E), the mouth (D) of which is surrounded by the spring (G), so that the opening and closing of the pouch is accomplished by the pushing and drawing of the wire (B). This pouch is made of the thinnest rubber very highly vulcanized, insuring it of elasticity and strength, yet taking up no more room than the trough of the catheter can easily afford. The size of this pouch is about two inches in depth, and the diameter about the same size as the spring, which is about two and a half inches in its long diameter, and one and three-quarters in its short, when open to its full capacity. The wire attached to this spring (which in other words is the mouth of the pouch), when withdrawn, is securely fastened to a contrivance of which no other description need be given than that it is arranged with a screw by which any amount of traction can be applied to the wire (B), which insures a safe closure of the pouch (E), as the curvature of the catheter serves, as it were, for its *point d'appui*. Entering this pouch at the side next the operator are two small rubber tubes (CC), their entrance being close at the edge, just

allowing free communication with the interior when it is closed; these, as before stated, pass through the interior of the catheter to the operator. As will be seen by the above, the mouth of the pouch must be closed, and the bulk of it placed in the hollow of the catheter before introducing it into the bladder; if, then, by using the catheter as a sound, the situation of the stone can easily be ascertained, which, being done, pass the instrument to one side, so that the stone will be on the other side of the instrument to that on which lies the pendant part of the pouch, or, in other words, in apposition to the mouth of the pouch; then, by forcing the wire or stilet through the catheter, this mouth is opened ready for the entrance of the stone, which can be accomplished by making a lateral movement with the outer end of the catheter. It can be ascertained when in the entrance by drawing on the wire, which of course can not be withdrawn, if there, to its usual distance. Having arrived at this stage, it will be found to be the safest plan to firmly hold the stone in the entrance until, by pressing the catheter to one side, the mouth of the pouch is nearly in a horizontal position; then, by withdrawing the traction from the wire, the spring opens of its own accord and allows the stone to drop into the pouch, which being accomplished, the wire is drawn out and fastened to the apparatus, by which a sufficient amount of traction can be given to insure a complete closure of the entrance of the pouch. The stone being secured in the pouch, perfectly isolates it from the walls of the bladder, so that the next step in the operation is the introduction of the solvent, which is done by a graduated glass syringe, the nozzle of which fits into the end of one of the tubes. It may be as well to mention here that the object for the syringe being graduated is to see that the same amount of fluid escapes from the exit tube that is forced into the pouch, for fear that some of the solution might escape into the bladder owing to some imperfection in the closure of the entrance.

In theory, different solvents will be required for the solution of the different formations; but practically, nitric acid



will, I think, be the solvent; I might say, *par excellos*, even the cholesterine formation is said to be soluble in it as well as in alcohol. No doubt it will be at once asked, will not the acid destroy the pouch and tubes, and in what strength will it be used? Experience has taught me that the rubber is not acted upon by the acid, and the strength will be according to the length of time wished for the operation, and the size of the stone, with the general state of the patient. A solution containing about fifty per cent. of acid disintegrates them very rapidly. The operator must be governed in the strength of his solution chiefly by the formation, of which the microscope must be his guide. I will have to defer until another time some experiments concerning the different degrees of solubility of the different formation of vesical calculi, which I wished to have given here, on account of having been disappointed in the receipt of some specimens promised. It may also naturally be asked, in case of any rupture or imperfect closure of the pouch, what will then be the consequence, and what must be done? By having a graduated gauge on both the tube of entrance and exit, it can easily be ascertained when the same quantity does not escape that has been injected, and if such an accident should happen, by having taken the precaution before introducing the instrument to have the bladder partly filled with urine, so that the small amount of acid that might escape will be diluted to such a degree that no harm to the bladder will result. As a precaution, it might be well to have an extra syringe and an alkaline solution at hand, so that it could be injected through the catheter into the bladder, thus thoroughly preventing any farther trouble. My reason for mentioning this is, that an objection has been frequently made to me while discussing the feasibility of the plan, which was, that the formation of gas from the disintegrating stone might, if the tubes became obstructed, burst the pouch and allow the acid to escape into the bladder. Allowing that such an accident should occur, and taking into consideration the small amount of acid in the pouch, and the neutralizing effect of the stone, together with the dilution it

would receive from the urine, and the injection of the fluid from without, I do not think that any serious harm would result. Electricity has been proposed to disintegrate stone, but I have had no experience with it as yet. It has occurred to me, if it is of use, that a circuit could be made by passing wires through the tubes instead of fluid, so that the stone would be between the poles of the battery.

THROMBOSIS OF THE RIGHT SIDE OF THE HEART WITH FREQUENT RESPIRATION.—Dr. Betz, *Memorabilien*, April 30, narrates this case: A child four and a half years old, was very sick with a chronic bronchitis, the result of hooping-cough. Five days before death respiration became very frequent—fifty-eight per minute; emphysema supervened suddenly, the thorax bulging out, and lasted until death. The temperature gradually became lowered, the heart's action violent, but with dull sound. The external jugular vein on the right side became swollen, cyanosis following. The pulse was rather slow, compared with the frequency of respiration. No increase of the bronchitis, or any other affection of the lungs, could be detected. On post mortem examination, a thrombus was found filling the right ventricle and auricle of the heart, to which were attributed all the symptoms of obstruction to the circulation.

CONSTANT IRRIGATION IN CYSTITIS.—Calvin Ellis, M.D., Jackson, Professor of Clinical Medicine in Harvard University, gives his experience in the May number of the Nashville Journal of Medicine and Surgery, with the above treatment in two cases. At first an injection of a solution of carbolic acid, one part of acid to one hundred and twenty of water, was used; afterward the bladder was washed out with flax-seed tea three times daily, and finally constant irrigation day and night was begun. The irrigation would be continued for several days and then omitted for a day. This treatment was pursued from six to eight weeks, the symptoms being gradually ameliorated till the patients felt perfectly well.

SULPHUROUS ACID IN CHRONIC URTICARIA.—J. V. Shoemaker, A. M., M. D., in the Medical and Surgical Reporter, May 26th, relates a case of this trouble in which he tried all the remedies likely to benefit his patient, among which were alkaline and vapor baths. The wheals disappeared and reappeared, and finally he called to see Professor J. M. DaCosta with the patient. In all the Professor's extensive experience he had only met with one similar case that had resisted all the treatment named. The patient referred to was an elderly lady, and the cause of the urticaria the doctor thought was due to wearing red flannel next to the skin. Different remedies were tried without success, until finally the patient was placed upon one-drachm doses of sulphurous acid in syrup and water three times daily. The patient speedily recovered. At Prof. DaCosta's suggestion my patient was placed upon the same treatment, in addition to continuing the alkaline baths at night. I am glad to add that in four days after using the sulphurous acid the effect was like magic. Four months have passed since the wheals disappeared. The patient has again his healthy and robust look. There has been no sign of a return of the disease. The sulphurous acid had, no doubt, an alterative and tonic action upon the system.

MOVEMENTS OF THE BRAIN.—Sigs. Giacomini and Mosso, from observations upon the person of a woman, thirty-seven years of age, who had lost a considerable portion of the frontal and parietal bones from the ravages of syphilis, describe the following movements of the brain: 1. Pulsations produced at each contraction of the heart. 2. Oscillations which correspond to the movements of respiration. 3. Undulations which are larger curves caused by movements of the vessels during attention, cerebral activity, or sleep. (Detroit Medical Journal.)

## Notes and Queries.

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WORDS IN MEDICINE AND THEOLOGY.—It is quite interesting in the study of words to see how often they wander from their primitive meaning—a meaning which may be clearly indicated by their etymology, or may be purely arbitrary. All are familiar with a passage in Lord Bacon, where the word “tincture” is most appropriately made use of in its literal sense—a sense quite different from its meaning in pharmacy. Theology, philosophy, law and medicine are all mutually indebted, exchanging these counters of thought, or using them in common. *Purge* has similar signification in medicine, theology and law.

But for the present we will restrict ourselves to a few examples of these word relations between medicine and theology; many of them will illustrate the intimate connection between things material and things spiritual that exists in the human mind. Just as the name, tendon of Achilles, carries us back to the legendary history of Greece, and brings before us the pages of Homer and of Virgil; so the once popular designation for erysipelas, *ignis sacer*—the sacred fire—indicated the belief that the disease was of divine origin. Erysipelas subsequently received the name of St. Anthony's fire, because it was believed to be miraculously cured by the Egyptian monk, St. Anthony, the founder of monasticism.

The dance of St. Vitus, or of St. Guy, perpetuates another religious delusion, perpetuates also a medical error; for this *dansomania* of the middle ages was neither of divine infliction nor of saintly cure, and it was not the chorea of medicine.

We much prefer the direct derivation of laudanum from *Laudate Dominum*, to the obscure and remote origin given by

Webster. Besides it corresponds better with the name opium, *the juice*—analogous to Bible, the book—and with the religious spirit which pervaded medicine in its earlier days. And how nobly, too, the thought expressed by the former derivation is uttered by the illustrious Sydenham in his devout and eloquent eulogy upon opium! For the present, therefore, notwithstanding the American lexicographer is against us, our laudanum shall still be, Praise the Lord.

The transition is not abrupt from this form of the most valuable agent for the relief of pain, to pain itself, the duty of relieving which, as Spender has so well said, stands foremost with every truthful physician. The word pain, from the Latin *pæna*, punishment, bears witness to the theory that physical sufferings are the consequences of transgressed law.

The ophthalmologists have very much to say upon *accommodation*, but they took the word from theology, as this had adopted it from logic: it was used both in logic and theology centuries before ophthalmology had an existence.

Doctors of medicine might talk of *acephali*, without reflecting that doctors of theology understood by this term certain schismatics of the earlier Christian centuries. Medicine has its *caput coli*, and some other *capita* too, while theology has its *caput jejunii*; the former has its *pediluvium*, the latter its *pedilavium*, while the word *fomites* is a common possession.

The circulars of medical colleges make us so familiar with the word *clinic*, and its present meaning, that we will be startled to learn it was used at least sixteen hundred years ago. "This designation was applied in very early times to any person who was baptized in private, on account of sickness or approaching death." Clinics are generally regarded as among the great advantages of medical schools; but the theologian tells us that clinics were unfavorably looked upon as Christians, because they were often persons who had put off their baptism until the last, that they might live unrestrained lives, and yet hope for the remission of their sins by that sacrament.

More than thirty years since the word *embolism* was given to medicine by Virchow. But did it belong to him by any

right of invention? Not at all, he found it in theology, and there it had been for many, many centuries. Embolism was the intercalation inserted between the last petition of the Lord's Prayer and the doxology in the primitive liturgies; but embolism is something quite different.

Hypostasis and hypostatic we use quite freely in medicine, forgetting the important part those words played in the philosophy of Aristotle, and the keen theological controversies the former furnished a battle-field for in the days of Origen, and the fierce anathema of the Council of Nice against Arius over his interpretation of this very word.

Idiots we regard as among the most unfortunate and pitiable of human beings, and doctors have been foremost in promoting all efforts for their education; but the idiots of old, the *idiotæ*, were simply Christians who had not received any ordination, they were laymen.

LETTER FROM LONDON.—We are indebted to Dr. W. W. Vinnedge, of Lafayette, Ind., for the following letter written from London on the twenty-fifth of April. We may mention that we have the promise of frequent similar favors from him during his sojourn of a year abroad:

For the American physician the old country has so many objects of interest, that one is embarrassed in writing a letter by the multiplicity of topics. The profession of London and of Edinburgh, the only cities I have yet visited, are exceedingly kind to strangers, readily furnishing any desired information and facilities for study. Though just now there are no lectures in the schools, there is no deficiency in opportunities for professional observation and inquiry. The physicians and surgeons of the hospitals observe the regular hours for making their visits to the out-patients as well as to the in-patients; and the "operating days" are observed as usual. The hour for making professional visits to the hospitals and for operations is, as a rule, from half past one to half past two P. M.; while the day of the week for clinical lectures and operations, during the college courses, varies in different hos-

pitals, extending through the entire list of working days; so the student may, after he has taken his degree, occupy his time profitably every day. The spring term opens about the first of May, and closes about the first of August; while the winter term begins first of November, and closes with the month of March.

A subject attracting a great deal of general attention and discussion in England at this time, is that of the relation of the public and the profession to charity institutions and charity patients. A largely attended public meeting was held last week in the hall of the Society of Arts, to hear a paper on "Metropolitan Medical Relief," by Sir Charles Trevelyan. Many distinguished men, medical and others, were present, and the discussion was general and most instructive. The best point in the paper, it was thought, was its plea for the introduction of the provident principle into medical charities, for the sake of its advantage to the people in developing in them independence and self-reliance. Sir William Gull, Dr. West, Mr. Holmes and Mr. Carter, showed in their speeches the humane and social bearings of the question, and the many difficulties encountered in the detailed application of the principle in hospitals and dispensaries, as well as in the moderately unselfish efforts in its behalf by medical men in their private practice. The meeting closed after adopting suitable resolutions of its findings and suggestions to the authorities.

This meeting, along with the discussions that have recently taken place in parliament on the bill providing medical charity for the poor of Ireland; the findings of the commission chosen to inquire into the alleged defects in the water-supply in England; and the reports of the epidemic activity of cholera in India, have had the effect to revive, if not greatly increase over former times, public interest on the subject of state medicine.

This subject, of so much public concern in this country, is also certainly of the first importance to America. We wish the profession and the law-makers of Indiana—one's thoughts are naturally directed to one's own state—could unite upon



some plan whereby the laws of health might be made more effective to the state. As the enterprise is for the people, we hope the state will not long postpone action, and that we shall soon enjoy the benefits of a state department of public health. It is to be hoped that action will not be delayed until some dreadful epidemic, by its appearance, shall have made apparent the value and necessity of such department. The collection of vital statistics ought to be begun at once, for these offer the surest guide to the public in its relation to health. Citizens of the cities and larger towns ought to have some means of inquiring into the quality of the meat and milk furnished by the markets; for if the butchers and milk-peddlers of the United States have the passion for thrift that these classes have elsewhere, their unprotected customers are constantly exposed to tricks if not to disease. Supposing the first attempts at legislation in this direction are somewhat imperfect, that does not excuse delay; a beginning must be made sometime.

It is much to be hoped that the next time an effort is made to legislate in Indiana at least, that the bill brought forward will not be burdened with politics, at any rate very heavily. So wise a man as the late Mr. George E. Pugh, of Cincinnati, said "politics has no future;" and as this is true, it surely ought to have little to do with a subject of such constant interest to all classes at all times.

If a bill were brought forward creating a state department of public health in Indiana, and providing for a competent board of examiners to decide who should hold office under its provisions, would there probably be any objections made to its passage; and if not, to its workings afterward? A competitive examination would place all the so-called "schools of medicine" on an equal footing, and this would put aside the objection urged against the measure last winter, that of class legislation. The board of examiners need not be composed of medical men exclusively; and, for that matter, the examination papers without names might be made public, if there was any dispute about merit being prevented from making a choice between the candidates.

As a suggestion on the subject of qualifications of candidates, I copy the following from an English University calendar: First, hygiene; second, medicine in relation to origin and prevention of disease; third, sanitary laws and sanitary engineering; fourth, vital statistics; fifth, meteorology and geology; sixth, chemistry and microscopy; seventh, sanitary engineering and sanitary work.

Recently Professor Lister, of Edinburgh University, was offered the chair of surgery in King's College Hospital, London. For a time it was thought he would accept the honor, but he finally definitely declined the post, preferring a home in Edinburgh. This was especially gratifying to his friends in Scotland; and on hearing of his decision, Prof. Blackie, also of the Edinburgh University, dedicated the following lines to his friend:

"Some live to feed ambition, some for fame,  
Others for gold; and some, the nobler few,  
For honest work achieved and service true,  
With wage of truth and love. This last thy claim  
And glory, Lister. When the Southrons laid  
Their golden snare for thee, and every charm  
Of that gross-monstered Babylon displayed,  
To lure thee from thy station for our harm,  
Thou didst stand firm. For this my humble rhyme  
Thee honours, and Edina gives thee place  
High-perched with the prime fathers of her race—  
Scott, Chalmers, Wilson, Hamilton and Syme;  
And bids thee bloom on Scottish soil and grow  
Proudly, like strong old pines where stiff old breezes blow."

After the high compliment London paid Edinburgh by this invitation, the good professor's reference to the former as the "gross-monstered Babylon," was thought to be about the "most unkindest cut of all."

W. W. V.

**PELVIS—PELVISES.**—In recently reading the *Races of Men* and their *Geographical Distinction*, a work translated from the German of Oscar Peschel, and published by D. Appleton & Co., we find pelvises given as the plural of pelvis. Following this example, we may yet live to read of radiuses and corpuses as good English.

TWENTY-SEVENTH ANNUAL MEETING OF THE INDIANA STATE MEDICAL SOCIETY.—The Society met in the State House, Hall of Representatives, on May 15th. Dr. S. S. Boyd, the president, in the chair. There was a large number of delegates present, and the number increased during the day.

After roll-call the secretary's report was read, which showed that dues to the amount of \$550 had been received. The committee on publication reported that six hundred and fifty copies of the transactions of the society for last year had been published. The reading of papers being in order, Dr. Hobbs, of Knightstown, read an admirable paper on "the Medical Witness." Dr. Hobbs said a physician was called upon to present *facts* to the court, such as do not come within the knowledge of men in general. Besides presenting certain facts, the physician is required to give opinions and draw conclusions. He urged the medical witness to make his answers carefully and fully, and then stand by them in cross-examination; to be guarded about giving definitions, and to use plain and non-technical language. This paper was well discussed. Dr. Hibberd liked the paper, but thought too much time was devoted to the point that physicians must tell the whole truth, and nothing else, when on the witness stand. There should be no necessity for this statement. He thought that above all a physician should not be ashamed to say "I don't know," when questioned upon some medical topic which is not familiar to him; while if he blunders through a subject which he poorly understands, he would leave the witness stand lowered in his own estimation and in that of the court. Several doctors related their experience where they had been kidnapped, as it were, and compelled to testify in adjoining counties, where their expenses amounted to more than their witness fees. Dr. Hobbs said that the facts known to a physician he must tell like any other witness; matters of opinion were not, however, public property, and the state would have to pay for them if the test were made.

Dr. Haughton next read a paper on "the Dilatation and Contraction of Vessels." The doctor had a chart hung up,

the better to illustrate the vascular system and the supply of the nervous force. He reached the conclusion that the action of the heart is dependent both upon the sympathetic and spinal system of nerves; and that when we would control its action, our remedies should be properly addressed to one or both of these systems of nerves. While the paper was a good one, and showed signs of patient work, its merit was lessened from the fact that its author, by many unnecessary anatomical descriptions, presumed too much upon the ignorance of his associates.

At this stage in the proceedings, the committee on nomination of officers agreed upon the following gentlemen for the ensuing year, who were afterwards elected: Dr. L. D. Waterman, of Indianapolis, president; Dr. N. P. Howard, of Greenfield, vice president; Dr. G. V. Woolen, of Indianapolis, secretary; Dr. G. W. Burton, of Mitchell, assistant secretary; Dr. I. C. Walker, of Indianapolis, treasurer; Dr. J. R. Featherston, of Indianapolis, librarian.

At the evening session Dr. Chambers, of Indianapolis, read a paper on Colles's fracture, and the use of the Gordon splint in its treatment. The Gordon splint consists of a curved posterior splint, with an anterior piece made so that when the splint is applied, pressure without extension is almost all the force that is necessary to reduce and keep the broken fragments coapted. The paper was commented on favorably by a number of speakers.

A resolution was passed thanking Governor Hendricks for recommending the establishment of a state board of health.

The second day's proceedings opened with a larger number of delegates, and a greater interest. Dr. Hon, of Orleans, reported a case and presented the specimen of an anencephalus child. After the discussion of which, Dr. Cominger presented the subject of the use of the plaster-of-paris jacket in the treatment of curvature of the spine, and applied the dressing. The great difficulty in applying this jacket is to *comfortably* suspend the patient while it is being put on. Dr. Cominger's apparatus, and also that of Dr. D. W. Yandell,

of Louisville, who applied the same dressing in the afternoon, are both modifications of Sayre's appliance. The improvements of Dr. Yandell's apparatus, which were made by Mr. Vance, are mainly in the head-piece and in the use of a Canton flannel jacket, instead of a knit shirt.

The president's address on empiricism was replete with plain thoughts condemnatory of all forms of quackery. The address was listened to attentively throughout.

In the afternoon, delegates were elected to the American Medical Association, which meets in Chicago June 5th.

The following resolution by Dr. J. R. Beck was passed:

WHEREAS, A number of members of county societies have failed to pay their annual assessment, be it

*Resolved*, That this society expects each member of every auxiliary county society to pay his dues, and will enforce such payment from each county society as a body, and indorse any action of the county societies to collect the same from their individual members.

Dr. Rooker next read a short paper on hypodermic medication, the main thought of which was that this form of treatment, while often necessary, was abused by too frequent use.

The financial report presented by Dr. Hibberd shows that out of ninety-two counties in the state, forty-two only have medical societies, and of these twenty-seven have fallen short in paying their dues, the amount due being one hundred and sixty-three dollars. An assessment to pay current expenses of one dollar upon each member of the county societies was recommended by this committee and passed; and it was resolved that any society failing to remit its dues be held in contempt, and not allowed to participate in the proceedings of the state society until the dues were paid.

On motion a committee was appointed to memorialize the legislature in regard to the establishing of a state board of health.

Dr. Parvin offered an amendment to the constitution that the officers of the society be nominated and elected in open session. This motion lies over for one year.

Dr. Barton offered a resolution that the county societies be instructed to appoint delegates to the state society at least six

weeks before time for the state meeting, and report to the secretary. Carried.

Dr. Lomax reported two cases of perityphlitis, death resulting in both cases. In one case cathartics were given, which treatment was justly criticised in the discussion, opium being better on general principles.

Dr. Weddington reported a case of placenta prævia, which was treated by rapid dilatation of the os and quick delivery. The same gentleman also read a paper on cancer, which was referred to the committee on publication.

Dr. Pennington read a paper on the transmission of disease from parent to child, illustrated by examples given.

In the evening Dr. L. L. Todd's paper was read on the use of opium. The paper was an excellent summary of what we know of the use of this drug.

Dr. Van Voris offered a resolution, which was adopted, making the annual assessment hereafter of one dollar upon each member of the county societies. The society then adjourned to meet on the third Tuesday in May, 1878.

A VETERAN PHYSICIAN.—Among the medical gentlemen who attended the late meeting of the State Medical Society of Indiana, was Dr. William T. S. Cornett, of Madison, who has practiced his profession for more than fifty years. As long ago as 1832, he won distinction among his professional brethren, throughout the United States and Great Britain, by his essay on Asiatic cholera and its treatment. From that time forward he has been a leader in every effort that relates to the advancement of scientific medicine and its conscientious practice. He was the first president of the State Medical Society in 1849; and though many distinguished men have since occupied that honorable position, yet none have ever adorned it with more extensive learning, or greater dignity and purity of character. He visited the Hospital for the Insane, to see a former patient and ascertain her condition. The learned gentleman in charge of the institution treated him with courteous consideration. This was as it should have

been, if he possessed no other claim to their regard than his age, learning and personal character. But he has a nearer claim upon all who now or hereafter may be intrusted with the administration of that great charity; for it is now nearly forty years ago since his wise forecast and christian philanthropy proposed, in the senate of the state, and secured the passage of a law levying the first tax for the founding of that great institution. Like the foundations of the edifice, his labors have been hitherto hid by those who have builded upon them; but while hid, it should not be forgotten that they are still the foundations and sustain all. The exclamation of the ancient king of Epirus to the Roman consul, might be applied with equal truth to the venerable doctor: "O, wonderful Fabricius, it would be as easy to turn the sun from his course in the heavens, as you from the path of virtue!"

SWEET SPIRITS OF NITRE, A SOLVENT IN SALICYLIC ACID. Dr. D. M. Barkley, Caseyville, Ky., writes as follows:

*Eds. American Practitioner:* As the administration of salicylic acid has become so extensive, and as a good solvent is desirable, I wish to make known, through the Practitioner, that spiritus nitrici dulcis (sweet spirits of nitre) is the best solvent. I have been prescribing it nearly two years in the treatment of malarial fevers with uniform success; in many cases without the use of quinia. I employ this formula:

R. Salicylic acid, . . . . . ʒj  
Sweet spirits of nitre, . . . . . ʒjv. M.

Sig.—One teaspoonful every two hours, for children; two to four teaspoonfuls for adults. It can be diluted with water if necessary, and can be combined with veratrum, gelsemium, aconite, etc. One ounce of nitre will dissolve sixteen grains of the pure acid, and make a clear solution. If that quantity of acid is increased, on the addition of water, the acid is precipitated—the mixture becomes semi-solid; add a little more of the nitre, and it becomes a clear solution again. I will add that in the treatment of intermittent and remittent fevers, salicylic acid is a remedy of great power and value, generally relieving those diseases within forty-eight hours.



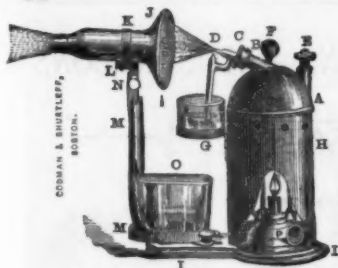
AMERICAN DERMATOLOGICAL ASSOCIATION.—The first annual meeting of the American Dermatological Association will be held at Niagara Falls on the fourth day of September next. It is desirable for the permanent welfare of the society, and for the advancement of dermatology in America, that it shall be made a success. The officers of the association earnestly request physicians to contribute to this end by presenting papers upon any subject in dermatology in which they may be especially interested. The officers also wish to call attention to the following section of the by-laws: "The titles of all papers to be read at any annual session shall be forwarded to the secretary, not later than one month before the first day of the session." L. DUNCAN BULKLEY, M. D., Sec'y.

THE PROPHYLACTIC TREATMENT OF PLACENTA PRÆVIA.—The admirable article with this title, in the last number of the American Practitioner, was doubtless read with great interest. We merely wish now to call attention to the following passage in an article on *Metrorrhagia*, by Desormeaux and Dubois, found in the *Dictionnaire de Médecine*, Vol. XIX, Paris, 1839. "In the hemorrhages which result from abnormal implantation of the placenta, the occurrence of labor ought to be regarded as a fortunate circumstance. Moreover, when those hemorrhages, by their copiousness or frequent occurrence, endanger the life of the woman, the indication is to determine by art the accouchement."

FEMALE PHYSICIANS IN RUSSIA.—From the *Gazette Obstétricale* of April 20th, we learn that there are now four hundred and thirty female medical students in Russia, pursuing the five years' course required. Of these seventy-three are Israelites, nineteen Polish Catholics, eleven Polish Protestants, and the rest are orthodox. In order to enter the school of medicine regular courses of study and examinations are required. These students belong to the middle class, and the majority are from twenty to twenty-five years old; only a few more than thirty. Seventy-eight of them are married.

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—101—

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Professor of Pathology, Clinical Medicine and Physical Diagnosis.

JOSEPH EASTMAN, M. D.

Demonstrator of Anatomy.

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 The Session of 1876-77 will commence October 4, 1876, and terminate February 27, 1877.

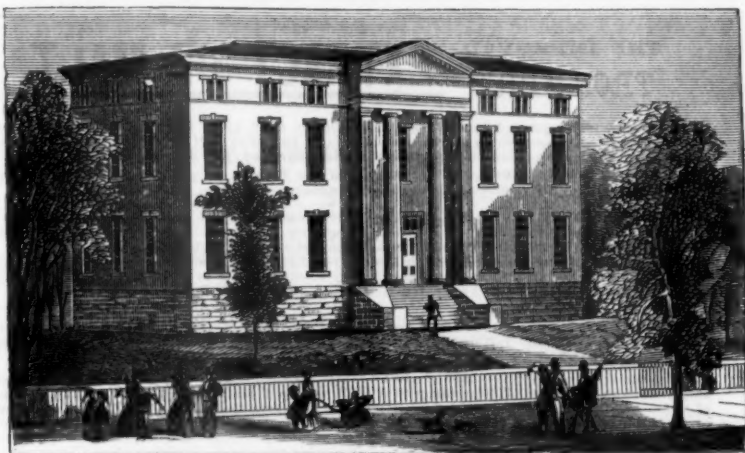
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In addition to the Extract of Malt with Hops, the attention of Physicians is invited to the following combinations:

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No. 51

# BELLEVUE HOSPITAL MEDICAL COLLEGE,

## CITY OF NEW YORK,

### SESSIONS OF 1876-'77.

The Collegiate Year in this Institution embraces a preliminary Autumnal Term, the Regular Winter Session, and a Spring Session.

The Preliminary Autumnal Term for 1876-1877 will open on Wednesday, September 13, 1876, and continue until the opening of the Regular Session. During this term, instruction, consisting of didactic lectures on special subjects and daily clinical lectures, will be given, as heretofore, by the entire Faculty. Students expecting to attend the Regular Session are strongly recommended to attend the Preliminary Term, but attendance during the latter is not required. During the Preliminary Term, clinical and didactic lectures will be given in precisely the same number and order as in the Regular Session.

The Regular Session will commence on Wednesday, September 27, 1876, and end about the first of March, 1877.

#### FACULTY.

ISAAC E. TAYLOR, M.D.,

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JAMES R. WOOD, M.D., LL.D.,  
Emeritus Prof. of Surgery.

FORDYCE BARKER, M.D.,  
Professor of Clinical Midwifery and Diseases of Women.

AUSTIN FLINT, M.D.,  
Professor of the Principles and Practice of Medicine and Clinical Medicine.

WILLIAM M. POLK, M.D.,  
Professor of Materia Medica and Therapeutics, and Clinical Medicine.

W. H. VAN BUREN, M.D.,  
Professor of Principles and Practice of Surgery, Diseases of Genito-Urinary System, and Clinical Surgery.

AUSTIN FLINT, JR., M.D.,  
Professor of Physiology and Physiological Anatomy, and Secretary of the Faculty.

LEWIS A. SAYRE, M.D.,  
Professor of Orthopedic Surgery, Fractures and Dislocations, and Clinical Surgery.

ALPHEUS B. CROSBY, M.D.,  
Professor of General, Descriptive, and Surgical Anatomy.

ALEXANDER B. MOTT, M.D.,  
Professor of Clinical and Operative Surgery.

R. OGDEN DORKMUS, M.D., LL.D.,  
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WILLIAM T. Lusk, M.D.,  
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EDWARD G. JANeway, M.D.,  
Professor of Pathological Anatomy and Histology, Diseases of the Nervous System, and Clinical Medicine.

EDMUND R. FRASER, M.D., LL.D.,  
Professor of Gynecology.

#### Professors of Special Departments, Etc.

HENRY D. NOYES, M.D.,  
Professor of Ophthalmology and Otolaryngology.

EDWARD G. JANeway, M.D.,  
Professor of Practical Anatomy. (Demonstrator of Anatomy.)

JOHN P. GRAY, M.D., LL.D.,  
Professor of Psychological Medicine and Medical Jurisprudence.

LEROY MILTON YALE, M.D.,  
Lecturer Adjunct upon Orthopedic surgery.

EDWARD L. KEYES, M.D.,  
Professor of Dermatology, and Adjunct to the Chair of Principles of Surgery.

A. A. SMITH, M.D.,  
Lecturer Adjunct upon Clinical Medicine.

A distinctive feature of the method of instruction in this College is the union of clinical and didactic teaching. All the lectures are given within the Hospital grounds. During the Regular Winter Session, in addition to four didactic lectures on every week-day except Saturday, two or three hours are daily allotted to clinical instruction.

The Spring Session consists chiefly of Recitations from Text-books. This term continues from the first of March to the first of June. During this Session daily recitations in all the departments are held by a corps of examiners appointed by the regular Faculty. Regular clinics are also given in the Hospital and College building.

#### Fees for the Regular Session.

Fees for Tickets to all the Lectures during the Preliminary and Regular Term, including Clinical Lectures.....	\$140 00
Matriculation Fee.....	5 00
Demonstrator's Ticket (including material for dissection).....	10 00
Graduation Fee.....	30 00

#### Fees for the Spring Session.

Matriculation (Ticket good for the following Winter).....	\$5 00
Recitations, Clinics, and Lectures.....	35 00
Dissection (Ticket good for the following Winter).....	10 00

Students who have attended two full Winter courses of lectures may be examined at the end of their second course upon Materia Medica, Physiology, Anatomy, and Chemistry, and, if successful, they will be examined at the end of their third course upon Practice of Medicine, Surgery, and Obstetrics only.

For the Annual Circular and Catalogue, giving regulations for graduation and other information, address Professor AUSTIN FLINT, JR., Secretary, Bellevue Hospital Medical College.

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—IN THE—

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11th ANNUAL SESSION, 1876-77.

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Demonstrator of Anatomy, H. LENOX HODGE, M. D.; of Surgery, CHARLES T. HUNTER, M. D.; of Practical Chemistry, GEORGE M. WARD, M. D.; of Experimental Physiology, ISAAC OTT, M. D.

Clinical instruction is given at the University Hospital by the above named Clinical Professors, and also on Diseases of the Eye, Prof. NORRIS; Diseases of the Ear, Prof. STRAWBRIDGE; Nervous Diseases, Prof. H. C. WOOD, JR.; Skin Diseases, Prof. L. A. DUHRING; Morbid Anatomy and Histology, Prof. J. TYSON.

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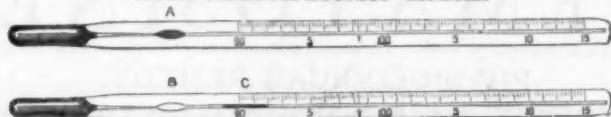
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*Professor of Surgical Pathology and Operative Surgery in the University of Louisville,*

AND

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FIG. 3 represents apparatus turned in shape to receive the foot, after which turn the key and reverse back to a bearing shape.

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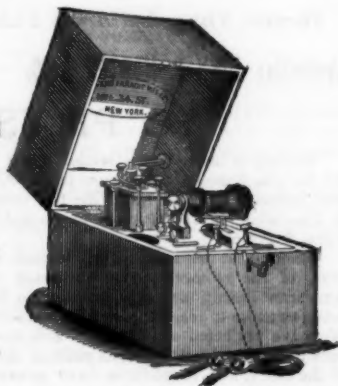
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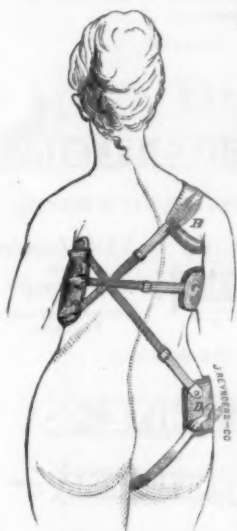
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We beg to invite your attention to the fact that arrangements have been made  
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
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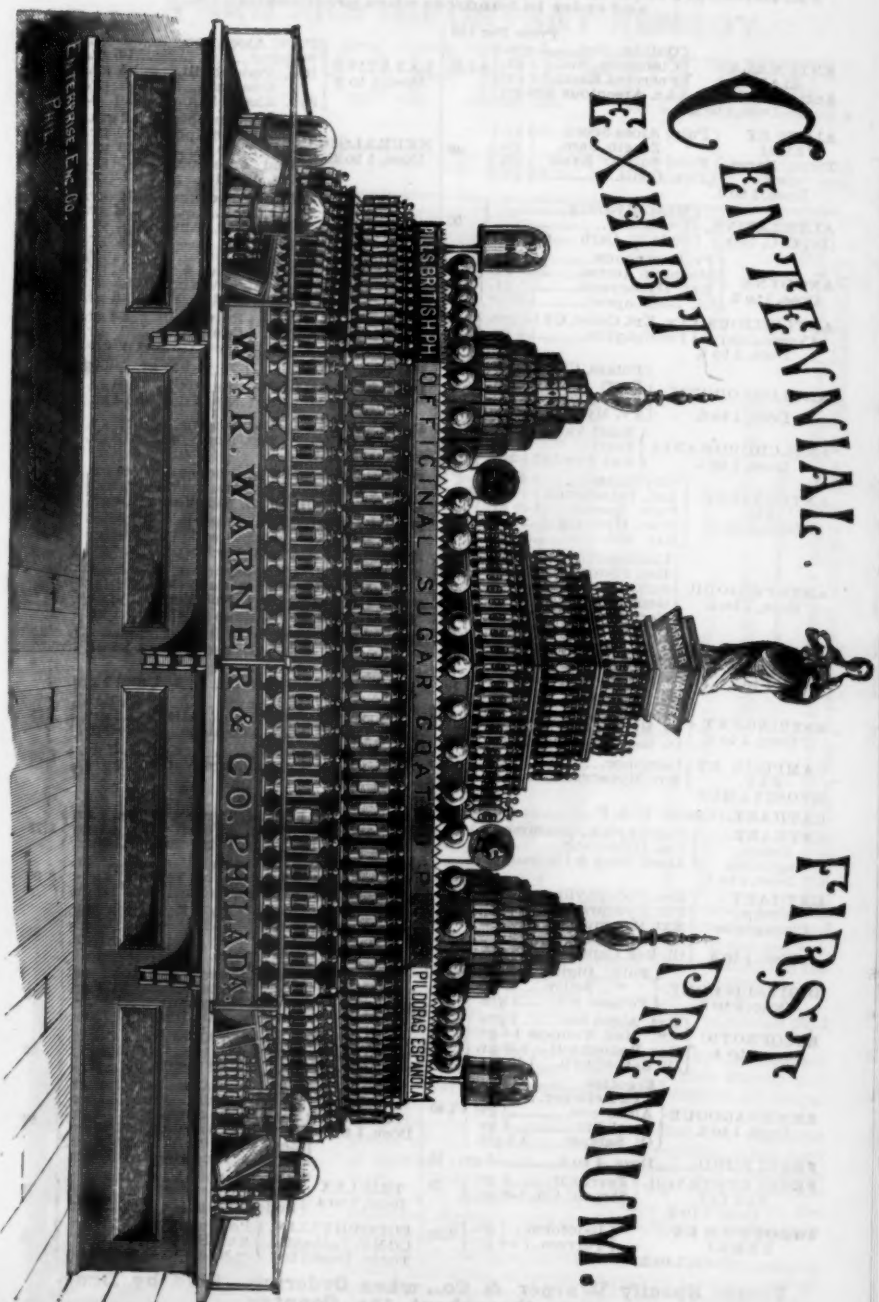
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ANTI-CHLOROTIC Dose, 1 to 2	{ Potass. Chlor. 1 gr. Ferri Chlor 1-2 gr. Pv. Podophyllin 1 gr. Pv. Myrrhæ. 1-2 gr. } 75	PHOSPHORI COMP.	{ Phosphorus. 1-100 gr. } 2.00
ANTI-CHOROMANIA Dose, 1 to 2	{ Zinci Valer 2 grs. " Ferri 1-4 gr. Ext. Sumbul 1-2 gr. } 75	PHOSPHORI ET NUCIA VOMICÆ	{ Phosphorus. 1-50 gr. Ext. Nuc. Vomica 1-2 gr. } 2.00
ANTIDYSPEPTIC Dose, 1 to 2	{ Strychnine 1-40 gr. Ext. Belladonna 1-10 gr. Pulv. Ipecac. 1-10 gr. Mass. Hydrarg. 1-2 gr. Ext. Col. Co. 1-2 gr. } 1.00	PHOSPHORI ET NUCIA VOMICÆ	{ Phosphorus. 1-100 gr. Ferri Carb. (Vallet's) 1 gr. Ext. Nuc. Vomica 1-4 gr. } 2.00
ANTI-PERIODIC Dose, 1 to 2	{ Cinchonidis Sulph 1 gr. Res. Podophyllin 1-20 gr. Strychnine Sulph. 1-33 gr. Gelsemin. 1-30 gr. Ferri Sulph. Exsicc. 1-2 gr. Ol. Res. Capsici 1-10 gr. } 80	PHOSPHORI ET NUCIA VOMICÆ	{ Phosphorus. 1-100 gr. Ferri Carb. (Vallet's) 1 gr. Ext. Nuc. Vomica 1-2 gr. Quinine Sulph. 1 gr. } 2.00
APERIENT Dose, 1 to 2	{ Ext. Nuc. Vom. 1-3 gr. " Hyocyami 1-2 gr. " Coloc. C. 1-2 gr. } 85	PODOPHYLLIN ET HYOSCYAMUS	{ Podophyllin. 1 gr. Ext. Hyocyami aa 1-2 gr. } 60
ASTRINGENT Dose, 1 to 2	{ Ext. Gerani. 2 grs. Pv. Opil. 1-4 gr. Ol. Menth. Pip. 1-30 gtt. Ol. Res. Zingiber 1-20 gtt. } 60	QUINIA ET FERRI ET STRECH. PHOS.	{ Quinia Phos. 1 gr. Ferri 1 gr. Dose, 1 to 2 } 1.75
CAMPOR ET EXT. HYOSCYAMUS	{ Camphor. 1 gr. Ext. Hyocyami Engl 1 gr. } 50	QUINIA ET FERRI ET STRECH. PHOS.	{ Quinia Phos. 1 gr. Ferri 1 gr. Dose, 1 to 2 } 1.75
CATHART.: Comp., U. S. P.	{ Podophyllin, Scammony Ext. Colocynth. } 50	QUINIA ET FERRI ET STRECH. PHOS.	{ Quinia Phos. 1 gr. Ferri 1 gr. Dose, 1 to 2 } 1.75
CATHART.: Comp., Vegetable. Dose, 2 to 2	{ Res. Podophyllin. 1-2 gr. Pulv. Hydrarg. 1-4 gr. Ext. Hyocyami. 1-2 gr. " Nuc. Vom. 1-16 gr. Ol. Res. Capsici. 1-2 gtt. } 60	QUINIA ET FERRI ET STRECH. PHOS.	{ Quinia Phos. 1 gr. Ferri 1 gr. Dose, 1 to 2 } 1.75
DIGITALIS COMP. Dose, 1 to 2	{ Pulv. Digitalis. 1 gr. " Scilla. 1 gr. Potass. Nit. 1 gr. } 50	QUINIA ET FERRI ET STRECH. PHOS.	{ Quinia Phos. 1 gr. Ferri 1 gr. Dose, 1 to 2 } 1.75
ECCOPROTIC Dose, 2 to 4	{ Ext. Aloes Soc. 1 gr. " Nuc. Vomica 1-2 gr. Res. Podophyllin. 1-20 gr. Ol. Caryophyll. 1-10 gtt. } 60	QUINIA ET FERRI ET STRECH. PHOS.	{ Quinia Phos. 1 gr. Ferri 1 gr. Dose, 1 to 2 } 1.75
EMMENAGOGUE Dose, 1 to 2	{ Ergotine 1 gr. Ext. Hellebor. Nigr. 1 gr. Aloes soc. 1 gr. Ferri Sulph. 1 gr. Ol. Sabinæ 1-2 gtt. } 1.40	QUINIA ET FERRI ET STRECH. PHOS.	{ Quinia Phos. 1 gr. Ferri 1 gr. Dose, 1 to 2 } 1.75
FERRI IODID. Dose, 1 to 2	{ Iodoform. 1 gr. Ferrum. 1-4 gr. } 2.50	QUINIA ET FERRI ET STRECH. PHOS.	{ Quinia Phos. 1 gr. Ferri 1 gr. Dose, 1 to 2 } 1.75
IODOPHORM ET FERRI Dose, 1 to 2	{ Iodoform. 1 gr. Ferrum. 1-4 gr. } 2.50	QUINIA ET FERRI ET STRECH. PHOS.	{ Quinia Phos. 1 gr. Ferri 1 gr. Dose, 1 to 2 } 1.75

Please Specify Warner & Co., when Ordering. Sold by Drug-gists throughout the Country.

 PILLS SENT BY MAIL ON RECEIPT OF LIST PRICE.

# TO THE MEDICAL PROFESSION.

## A NEW AND IMPORTANT REMEDY.

# LACTOPEPTINE.

LACTOPEPTINE contains all the agents of digestion that act upon food, from mastication to its conversion into chyle, and is therefore the most important remedy for Dyspepsia that has ever been produced.

The digestive power of LACTOPEPTINE is seven times greater than any preparation of Pepsin in the market, as it has the important advantage of dissolving all aliment used by mankind, while Pepsin acts only upon plastic food. This preparation has now been in the hands of the Medical Profession for two years, during which time its therapeutic value has been most thoroughly established in cases of Dyspepsia, Intestinal diseases of Children, Chronic Diarrhoea, Constipation, Vomiting in Pregnancy or Dyspepsia, Headache, and all diseases arising from imperfect nutrition. One of the most important applications of LACTOPEPTINE is in those cases where the digestive organs are unable, from debility, to properly prepare for assimilation the remedies indicated. In such cases combine it with the remedy indicated.



Sugar of Milk,	30 Ounces,	Tryp. or Diastase,	1 Drachm.
Pepsin,	4 "	Lactic Acid,	2 1/4 Drachms.
Pancreatin,	3 "	Hydrochloric Acid,	2 1/2 "
		Powder and Mix.	"

### FORMULA OF LACTOPEPTINE.

LACTOPEPTINE, as well as all other preparations of our manufacture, is prepared strictly for the use of the Medical Profession, and is kept inviolably in their hands.

**The**  
**PRINCIPAL REASONS**  
**WHY**  
**LACTOPEPTINE**  
**SHOULD**  
**ENTIRELY SUPERSEDE**  
**THE**  
**USE OF PEPSIN**  
**BY THE**  
**MEDICAL PROFESSION**

- 1st.—It will digest from three to four times more coagulated albumen than any preparation of Pepsin in the market.
- 2d.—It will emulsionize and prepare for assimilation the oily and fatty portions of food, Pepsin having no action upon this important alimentary article.
- 3d.—It will change the starchy portions of vegetable food into the assimilable form of Glucose.
- 4th.—It contains the natural acids secreted by the stomach (Lactic and Hydrochloric), without which Pepsin and Pancreatin will not change the character of coagulated albumen.
- 5th.—Experiments will readily show that the digestive power of the ingredients of Lactopeptine, when two or more are combined, is much greater than when separated. Thus, 4 grs. of Pepsin and 4 grs. of Pancreatin mixed, will dissolve one-third more albumen than the combined digestive power of each agent separately in same length of time.
- 6th.—It is much less expensive to prescribe. It dissolves nearly four times as much coagulated albumen as Pepsin, besides digesting all other food taken by the human stomach. An ounce of Lactopeptine is, therefore, fully equal in digestive power to seven ounces of Pepsin, yet it is furnished at about the same price.

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*All the statements made in this Circular are the result of repeated and careful experiments.*

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The palatability and digestive power of LACTOPEPTINE has been more than doubled during the past two months, by producing several of its component parts free from all extraneous matter, and we now believe it is not susceptible of any further improvement.

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Physicians who have not given LACTOPEPTINE a trial in their practice, are respectfully requested to read the following opinions of some of our leading Practitioners as to its merits as an important remedial agent.

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IN ADDITION TO THE FOLLOWING RECOMMENDATIONS, WE HAVE RECEIVED OVER SEVEN HUNDRED COMMENDATORY LETTERS FROM PHYSICIANS, A LARGE NUMBER OF WHICH ENUMERATE CASES WHERE PEPSIN ALONE HAD FAILED TO BENEFIT, BUT FINALLY HAD BEEN TREATED SUCCESSFULLY WITH LACTOPEPTINE.

—00—  
The undersigned, having tested REED & CARNRICK's preparation of Pepsin, Pancreatine, Diastase, Lactic Acid and Hydrochloric Acid, made according to published formulae, and called *Lactopeptine*, find that in those diseases of the stomach where the above remedies are indicated, it has proven itself a desirable, useful and well adapted addition to the usual pharmaceutical preparations, and therefore recommend it to the profession.

NEW YORK, April 6th, 1875.

J. R. LEAMING, M. D.,

Attending Physician at St. Luke's Hospital.

ALFRED L. LOOMIS, M. D.,

Professor of Pathology and Practice of Medicine, University of the City of New York.

JOSEPH KAMMERER, M. D.,

Clinical Professor of Diseases of Women and Children, University of the City of New York.

LEWIS A. SAYRE, M. D.,

Professor of Orthopaedic Surgery and Clinical Surgery, Bellevue Hospital Medical College.

EDWARD G. JANEWAY, M. D.

Professor Pathological and Practical Anatomy, and Lecturer on Materia Medica and Therapeutics and Clinical Medicine.

SAMUEL R. PERCY, M. D.,

Professor Materia Medica, New York Medical College.

J. H. TYNDALL, M. D.,

Physician at St. Francis' Hospital.

JOSEPH E. WINTERS, M. D.,

House Physician Bellevue Hospital.

GEO. F. BATES, M. D.,

House Surgeon Bellevue Hospital.

—00—  
INEBRIATE ASYLUM, NEW YORK, March 25th, 1875.

I have carefully watched the effects of LACTOPEPTINE, as exhibited in this institution, for about six months, especially in the treatment of Gastritis, and it gives me pleasure to be able to say that I have found the best results from it, supplying as it does an abnormal void of nature in the secretions of the stomach. N. KEELER MORTON, M. D.

—00—  
I desire to say that I have used LACTOPEPTINE for a year, not only on my friends, but also in my own case, and have found it one of the most valuable aids to digestion that I have ever used.

BRANDON, VT., March 31st, 1875.  
A. T. WOODWARD, M. D.,  
Late Professor of Obstetrics and Diseases of Women and Children  
Vermont Med. College.

—00—  
EXTRACT FROM A REPORT UPON THE USES OF LACTOPEPTINE,  
BY J. KING MERRITT, M. D., FLUSHING, L. I.

About six months since I saw a notice of LACTOPEPTINE and its analysis in a Medical Journal, and having long ago recognized the inability of Pepsin to reach those cases in which the several processes of digestion are all more or less involved, I immediately commenced the use of LACTOPEPTINE in my own case. This was, in brief, an inherited, fostered, persistent condition of General Dyspepsia, which I had treated for several years with Pepsin, finding in its use good service, although the general results were discouraging.

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*A large proportion of diseases are the result of imperfect digestion.*

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*In all cases when the stomach is unable to digest and appropriate the remedies indicated, they should be combined with  
Lactopeptine.*

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The effect of *LACTOPEPTINE* on my powers of digestion has far surpassed my expectations, and its remedial qualities in numerous cases, more or less complicated, have been all that I could desire. In these cases *LACTOPEPTINE* was associated with other remedies indicated, for the purpose of facilitating their assimilation, which is so often nullified by a disordered and debilitated condition of the digestive organs.\*

I will now give, in brief, an epitome of a case recovering under the use of *LACTOPEPTINE*. She was a married lady, who five years ago became afflicted with diarrhea, which had baffled every mode of intelligent treatment. She had an intestinal flux, body much emaciated, and her entire health was greatly impaired. I treated her with *LACTOPEPTINE*, in conjunction with other remedies, many of which had been formerly used without avail. She is now rapidly recovering.

I shall only add that the more my experience, in its varied applicability, extends, the more its beneficial effects appear.

—oo—

NEWTON, IOWA, May 10th, 1875.

I have been using *LACTOPEPTINE* for several months, and after a careful trial in stomach and bowel troubles, find that it has no equal. In all cases of indigestion and lack of assimilation, it is a most splendid remedy.

H. E. HUNTER, M. D.

—oo—

WEST NEWFIELD, ME., June 14th, 1875.

*LACTOPEPTINE* seems to be all that it is recommended to be. It excels all remedies that I have tried in aiding a debilitated stomach to perform its functions.

STEPHEN ADAMS, M. D.

—oo—

WOLCOTT, WAYNE CO., N. Y., June 29th, 1875.

From the experience I have had with *LACTOPEPTINE*, I am of the opinion that you have produced a remedy which is capable of fulfilling an important indication in a greater variety of diseases than any medicine I have met with in a practice of over 45 years.

JAMES M. WILSON, M. D.

—oo—

BROWNVILLE, N. Y., August 3d, 1875.

Some time since I received a small package of *LACTOPEPTINE*, which I have used in a case of long standing Dyspepsia. The subject is a man 40 years of age; has had this ailment over 10 years. I never had so bad a case before, and I have been practicing medicine 21 years. Your *LACTOPEPTINE* seems just the remedy he needs. He is improving finely, and can now eat nearly any kind of food without distress. I have several cases I shall take hold of as soon as I can obtain the medicine.

W. W. GOODWIN, M. D.

—oo—

EDDYVILLE, WAPELLO CO., IOWA, May 5th, 1875.

I have used the *LACTOPEPTINE* in my practice for the last eighteen months, and find it to be one of our great remedies in all diseases of the stomach and bowels. I was called last fall to see a child three years old, that was almost in the last struggles of death with Cholera Infantum. I ordered it teaspoonful doses of Syrup of Lactopeptine, and in a few days the child was well. I could not practice without it.

F. C. CORNELL, M. D.

—oo—

CORTLAND, DE KALB CO., ILL., August 12th, 1875.

I received recently a small package of *LACTOPEPTINE* with the request that I should try it in a severe case of Dyspepsia. I selected a case of a lady who has been a sufferer over 30 years. She reported relief after the first dose, and now, after using the balance of the package in doses of three grains, three times daily, says she has received more benefit from it than from any other remedy she had ever tried.

G. W. LEWIS, M. D.

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\* We desire particularly to call the attention of the Profession to the great value of *LACTOPEPTINE* when used in conjunction with other remedies, especially in those cases in which the digestive organs are unable, from debility, to properly prepare for assimilation the remedies indicated.

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*One drachm of Lactopeptine will digest ten ounces of Coagulated Albumen,  
while the same quantity of any standard preparation of Pepsin  
in the market will dissolve but three ounces.*

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*One drachm of Lactopeptine dissolved in four fluid drachms of water will emulsionize sixteen ounces of Cod Liver Oil.*

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CHILLICOTHE, Mo., September 4th, 1874.

I have used **LACTOPEPTINE** this summer with good effect in all cases of weak and imperfect digestion, especially in children during the period of dentition, cholera infantum, &c. I regard it, decidedly, as being the best combination containing Pepsin that I have ever used.

J. A. MUNK, M. D.

—00—  
FORT DODGE, IOWA, November 15th, 1874.

I have fairly tried, during the past summer and fall, your **LACTOPEPTINE**, and consider it a most useful addition to the list of practical remedies. I have found it especially valuable in the *gastro-intestinal* diseases of children. W. L. NICHOLSON, M. D.

—00—  
WHITE HALL, VA. January 4th, 1875.

A short time since I sent for some of your **LACTOPEPTINE**, which I used in the case of a lady who had been suffering with dyspepsia for over twelve months, and who had taken Pepsin, and other remedies usually prescribed in that disease, with very little benefit. I ordered the **LACTOPEPTINE**, and was pleased to find a decided improvement after a few days, which has steadily increased. At the present time she appears to have entirely recovered.

Very truly, SMOKE, M. D.

—00—  
INDIANOLA, IOWA, December 11th, 1874,

I consider the **LACTOPEPTINE** a heaven-sent remedy for all digestive troubles. I gave it to a lady troubled with exhaustive nausea and vomiting from pregnancy, with immediate and perfect relief, after all other remedies had failed. She was almost in *articulo mortis*. The third day after taking the **LACTOPEPTINE** she was able to be up. I was called in council the other day to a case of Intussusception; the patient was vomiting stercoraceous matter; had retained no nutrition for several days. I gave the **LACTOPEPTINE** with immediate relief. Ingestion was retained. I relieved the bowels by inflation, got an operation, and the patient will recover. I consider the **LACTOPEPTINE** was his *sheet anchor*. I am now using the **LACTOPEPTINE** in Cancer of the Stomach—the only medicine that gives the patient any relief. It seems to act as an anodyne in his case more so than morphine.

C. W. DAVIS, M. D.

—00—  
CONTOCOOK, N. H., November 25th, 1874.

After a thorough trial, I believe **LACTOPEPTINE** to be one of the most important of the new remedies that have been brought to the attention of physicians during the last ten years. I have used it in several cases of vomiting of food from dyspepsia, and in the vomiting from pregnancy, with the best of success. The relief has been immediate in every instance. In some of the worst cases of Cardialgia, heretofore resisting all other treatment, **LACTOPEPTINE** invariably gave immediate relief. It has accomplished more, in my hands, than any other remedy of its class I ever met with, and I believe no physician can safely be without it. It takes the place of Pepsin, is more certain in its results, and is received by patients of all ages without complaint, being a most pleasant remedy. I have used **LACTOPEPTINE** in my own case, having been troubled with feelings of weight in the stomach and distress after eating, but always have obtained immediate relief upon taking the elixir in teaspoonful doses. GEO. C. BLAISDELL, M. D.

—00—  
MO. VALLEY, IOWA, November 12th, 1874

Some months since I saw in a medical journal a notice of your **LACTOPEPTINE**. Having in charge a patient in whose case I thought it was indicated, I prescribed it in 5 gr. doses. He used it about a week and was greatly benefited. I failed to procure more just then, so I gave him Pepsin instead, the patient thinking it to be the same prescription. After two days he returned to my office saying that "the last medicine didn't hit the spot, but that which you gave me last week was just the thing, and has given me more relief than any medicine I have ever taken." I consider this a fair test (so far as it goes) of the merits of this new, and I think, invaluable remedy. G. W. COIT, M. D.

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*One drachm of Lactopeptine will transform four ounces of Starch into Glucose.*

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## COMMUNICATIONS FROM MEDICAL JOURNALS.

We have for several months been prescribing various preparations of medicine containing **LACTOPEPTINE** as an important aid to digestion. It may be advantageously combined with cod liver oil, calisaya, iron, bismuth, quinine and strychnia. **LACTOPEPTINE** is composed of pepsin, ptyalin, pancreatine, lactic acid and hydrochloric acid—pepsin, lactic and hydrochloric acids being in the gastric juice, ptyalin in the saliva, and pancreatine emulsionizing fatty substances. The theory of its action being rational, we have prescribed the various preparations referred to above with more evidence of benefit than we ever observed from pepsin.—*St. Louis Medical and Surgical Journal*, September, 1874.

—OO—  
AN ARTICLE ON LACTOPEPTINE, BY LAURENCE ALEXANDER, M. D., OF YORKVILLE, S. C., IN THE *ATLANTA MEDICAL AND SURGICAL JOURNAL*, NOVEMBER, 1874.

Some time ago a small box, labelled "Physicians' Samples **LACTOPEPTINE**" was placed in my hands, with the request that I would give it a trial upon some one suffering from dyspepsia. Having, like other physicians, a large *per centum* of just such cases always on hand, in which various medicines and remedies had been used without success, I gladly consented, hoping that something had really been found at last to supply the want felt by every practitioner in the treatment of this troublesome complaint. After several months' experience in the use of this preparation, in which it has been thoroughly tested upon a large number of patients with such gratifying results, I am induced to recommend it to the consideration of the profession, feeling confident that, with due care in their diagnosis, and the many little cautions always necessary, such as restricting the excessive use of fluids while eating, etc., and a little patience on the part of the sufferer, its good effects will be seen beyond a doubt.

While I employ it extensively in many deranged conditions of the bowels incident to infancy and childhood, I find it equally efficacious in constipation and all diseases arising from imperfect nutrition in the adult. In sickness of pregnancy it answers well, far exceeding, in my hands, oxalate of cerium, extract lupulin, or the drop doses of carboic acid, so highly extolled by some practitioners. In its combination with iron, quinine and strychnia, we have the advantage of using, in cases of great nervous depression and debility peculiar to the dyspeptic, our most valuable agent in a truly elegant form.

### TO TEST THE DIGESTIVE POWER OF LACTOPEPTINE IN COMPARISON WITH ANY PREPARATION OF PEPSIN IN THE MARKET.

To five fluid ounces of water add one drachm of Lactopeptine, half drachm of Hydrochloric Acid, 10 ounces Coagulated Albumen, allowing it to remain from two to six hours at a temperature of 105 deg., agitating it occasionally.

Lactopeptine is prepared in the form of Powder, Sugar Coated Pills, Elixir, Syrup, Wine and Troaches.

**LACTOPEPTINE** is also combined with the following preparations :

#### EMULSION OF COD LIVER OIL WITH LACTOPEPTINE.

This combination will be found superior to all other forms of Cod Liver Oil in affections of the Lungs and other wasting diseases. Used in Coughs, Colds, Consumption, Rickets, Constipation, Skin Diseases and Loss of Appetite.

The Oil in this preparation being partly digested before taken, will usually agree with the most debilitated stomach. Although we manufacture seven other preparations of Cod Liver Oil, we would recommend the above as being superior to either of them. It is very pleasant to administer, compared with the plain Oil, and will be readily taken by children

#### EMULSION OF COD LIVER OIL WITH LACTOPEPTINE AND LIME.

Each ounce of the Emulsion contains 16 grs. Lactopeptine and 16 grs. Phosphate Lime.

#### ELIXIR LACTOPEPTINE.

The above preparation is admirably adapted in those cases where Physicians desire to prescribe Lactopeptine in its most elegant form.

**REED & CARRICK** manufacture a full line of *Fluid Extracts*.

**BEEF, IRON AND WINE WITH LACTOPEPTINE.**

In those debilitated dyspeptic cases when an Iron Tonic, combined with the strengthening properties of Extract of Beef and Wine are indicated, this preparation will be found most efficacious.

—00—  
**ELIXIR PHOSPHATE OF IRON, QUININE AND STRYCHNIA WITH LACTOPEPTINE.**

There can be no combination more suitable than the above in cases of Nervous and General Debility, attended with Dyspepsia.

—00—  
**ELIXIR LACTOPEPTINE, STRYCHNIA AND BISMUTH.**

A valuable combination in cases of Dyspepsia attended with Nervous Debility.

—00—  
**ELIXIR GENTIAN AND CHLORIDE OF IRON WITH LACTOPEPTINE.**

An elegant and reliable remedy in cases of Dyspepsia attended with General Debility.

—00—  
**SYRUP LACTOPEPTINE COMP.**

Each ounce contains 24 grains Lactopeptine, 8 grains Phosphate of Iron, 8 grains Phosphate Lime, 8 grains Phosphate Soda, and 8 grains Phosphate Potash.

This preparation will be found well suited to cases of General Debility arising from impaired digestion, and also of great value in Pulmonary Affections.

—00—  
**FORMULÆ.**

*The following valuable formulæ have been contributed by J. KING MERRITT, M.D., who has used them with great success in his practice :*

**NO. 1.—FOR INTERMITTENT FEVER WITH CONGESTION OF LIVER.**

<b>R</b>	Liquid Lactopeptine,	dr. vi.
	Fl. Ex. Cinchona Comp,	dr. i.
	Fl. Ex. Taraxacum,	—
	Tinct. Zingiber,	ss dr. iii.
	Hydrochloric Acid Dilut,	dr. i.
	Spts. Lavender Comp.,	dr. ii.
	Sulphate Quinia,	grs. xl.

**M. Dose.**—One teaspoonful every two or three hours.

**Sig.**—Quinine mixture or tonic mixture.

**REMARKS.**

This mixture should be taken every two hours in the case of a quotidian attack, as soon after the subsidence of the paroxysms as the stomach will accept it, or even during the sweating stage, if the stomach is not especially irritable, and should be continued until the hour of anticipated paroxysms at the same rate, except during the night, from 10 P. M. to 4 A. M., as a general rule. Six to eight doses to be taken during the first interval, and if the attack does not recur, then continue the mixture daily for one week, at a rate diminished by one hour each day.

**NO. 2.—FOR INTERMITTENT FEVER WITH IRRITABLE STOMACH.**

<b>R</b>	Liquid Lactopeptine,	dr. vi.
	Fl. Ex. Cinchona Comp,	dr. i.
	Tinct. Zingiber,	dr. iii.
	Spts. Lavender Comp,	dr. v.
	Aromatic Sulphuric Acid,	dr. i.
	Essence Menth. Pip. or Gaultheria,	gtts. x.
	Sulphate Quinia,	grs. xl.

**M. Dose.**—One teaspoonful with water *ad libitum* every two or three hours, as in Formula No. 1, and in accordance with the type of the attack. Begin at the rate indicated;



*All our goods are of guaranteed strength and uniformity.*

that is, if "Tertian," every three hours, and then after first interval, if the paroxysm does not recur, continue mixture at a diminished rate each succeeding day, as indicated in remarks appended to Formula No. 1, to wit: by increasing the period of time between each dose of medicine an hour every day until a week has passed, when the frequency of a dose will be reduced to three times a day, at which rate it should be continued until complete restoration of appetite and strength.

**NO. 3.—FOR MALARIAL DYSPEPSIA.**

<b>R</b>	Liquid Lactopeptine, . . . . .	dr. fl. vi.
	Fl. Ex. Cinchona Com., . . . . .	—
	Tinc. Nux. Vomica, . . . . .	ss dr. xi.
	Spts. Lavender Comp., . . . . .	oz. ss.
	Hydrocyanic Acid Dilut., . . . . .	dr. ss.
	Syr. Aromatic Rhubarb, . . . . .	oz. ss.
	Sulphate Quinine, . . . . .	dr. ss.

**M. Dose.**—One tablespoonful with water *ad libitum* at meals (before or after), and at bed time if required; also, use in addition after the meals full doses of Pulv. Lactopeptine with Spts. Lavender Comp. and Lime Water, in case the patient should suffer from positive signs of indigestion, although the dose of Formula No. 3 has already been taken at the meal time, either immediately before or after eating, in accordance with the rule or foregoing instruction.

**NO. 4.—FOR CHRONIC DIARRHŒA.**

<b>R</b>	Liquid Lactopeptine, . . . . .	dr. vi.
	Liq. Opii. Comp. (Squibbs'), . . . . .	dr. iii.
	Nitric Acid Dilute; or, Aqua Regia Dilut., . . . . .	dr. i.
	Syr. Aromatic Rhubarb, . . . . .	dr. ii.
	Pulv. Nit. Bismuth, . . . . .	dr. ss.
	Aqua Camph., . . . . .	oz. ss.

**M. Dose.**—One tablespoonful with water after each flux from bowels, and as a rule, at bed time, even if the diarrhœa is apparently checked at that hour, and *this rule*, should be persisted in for two or three days, or until the diarrhœal tendency has been entirely subdued.

—oo—

**PEPSIN—PANCREATINE—DIASTASE.**

In addition to **LACTOPEPTINE** we manufacture **PEPSIN**, **PANCREATINE** and **DIASTASE**. They are put up separately in one ounce and pound bottles.

They will be found equal in strength with any other manufacture in the world.

They are all presented in a saccharated form, and are therefore very palatable to administer.

**COMP. CATHARTIC ELIXIR.**

*The only pleasant and reliable Cathartic in liquid form that can be prescribed.*

Each fl. oz. contains:

Sulph. Magnesia,	1 dr.
Senna,	2 "
Scammony,	6 grs.
Liquorice,	1 dr.
Ginger,	3 grs.
Coriander,	5 "

With flavoring ingredients.

**Dose.**—Child five years old, one or two teaspoonfuls; adult, one or two tablespoonfuls.

This preparation is being used extensively throughout the country. It was originated with the design of furnishing a liquid Cathartic remedy that could be prescribed in a palatable form. It will be taken by children with a relish.

MAINE INSANE HOSPITAL, AUGUSTA, Feb. 25th, 1875.

I am happy to say that we are much pleased with the Compound Cathartic Elixir. It has, so far, proved the best Liquid Cathartic we have ever used in our Institution. It acts effectively and kindly, without irritation or pain. H. M. HARLOW, M. D.

*All our goods are of guaranteed strength and uniformity.*

### Strychnia Compound Pill.

Strychnia,	- - -	1-100	grain.
Phosphorus,	- - -	1-100	"
Ex. Cannabis Indica,		1-16	"
Ginseng,	- - -	1	"
Carb. Iron,	-	1	"

*Dose*—One to two.

**A reliable and efficient Pill in Anaphrodisia, Paralysis, Neuralgia, Loss of Memory, Phthisis, and all affections of the Brain resulting from loss of Nerve Power. Price, 80 cents per hundred. Sent by mail, prepaid, on receipt of price.**

### Haema, Quinia and Iron Pill.

Ext. Blood, - - - -	2 grains.
Quinine Sulph., - -	1 grain.
Sesqui Oxide Iron, - -	1 "

*Dose*—One to three.

Price, \$2.00 per hundred.

Sent by mail, prepaid, on receipt of price.

## HEMA PILLS.

We beg to present to the Medical Profession for their special consideration our several preparations of Blood Pills. The use of Blood medicinally, and the importance of its administration in a large class of diseases, has arrested the attention of many of the leading Physicians of Europe, and has received their warmest attestation. Prominent among these may be mentioned Prof. Panum, of the University of Copenhagen, who is using it with great success in the hospital of that city.

At the abattoir in this city, Boston, and in every part of the country, there can be seen numerous persons afflicted with Pulmonary Affections, Chlorosis, Paralysis, Anemia, and other ailments, who are daily drinking the blood of the ox, and many with more benefit than they have derived from any other source.

The blood used by us being **Arterialized Male Bovine only**, is secured as it flows from the animal in a vacuum pan, and the watery portion (85 per cent.), eliminated at a temperature not exceeding 100° F., the remaining mass, containing every constituent of the blood, being the base of our preparations.

<p><b>HÆMA (Ext. Blood), 4 grs.</b></p> <p><i>Dose.</i>—Two to four</p> <p>90 cts. per hundred.</p>	<p><b>HÆMA COMP.</b></p> <p>Ext. Blood, 2 grs.</p> <p>Lacto-Phosphate Lime, 1 gr.</p> <p>Pepsin, 2 gr.</p> <p><i>Dose.</i>—One to three.</p> <p>\$1.50 per hundred.</p>	<p><b>HÆMA, QUINIA, IRON AND STRYCHNIA.</b></p> <p>Ext. Blood, 2 grs.</p> <p>Quinine Sulph., 1 gr.</p> <p>Sesqui Oxide Iron, 1 gr.</p> <p>Strychnine, 1-75 gr.</p> <p><i>Dose.</i>—One to three.</p> <p>\$2.00 per hundred.</p>
-----------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

**Samples sent to Physicians, postage prepaid, on receipt of price.**

**LACTOPEPTINE** and most of our leading preparations can be obtained from the principal Druggists of the United States.

**SUGAR COATED PILLS, TROCHES AND POWDERS CAN BE SECURELY SENT  
BY MAIL.**

**Price of LACTOPEPTINE by Mail.**

One ounce sent by mail, prepaid, on receipt of	\$1 00
One pound " " " " "	13 00

A fraction of an ounce or pound sent by mail on receipt of corresponding price.

**We guarantee all goods of our manufacture.**

In ordering, please designate R. & C.'s manufacture.

Send for PRICE LIST, DOSE BOOKS and DISCOUNTS.

OCT. 15TH, 1875.

Respectfully,

**REED & CARNRICK, Manufacturing Pharmacists.**

**198 FULTON STREET, NEW YORK.**

# UNIVERSITY OF LOUISVILLE

## MEDICAL DEPARTMENT.

### SPRING AND SUMMER SESSION OF 1876.

The Spring and Summer Session of 1876 in the Medical Department of the University of Louisville will commence on March 6th and continue till July 1st, with the following

#### CORPS OF INSTRUCTORS:

On Venereal Diseases and Diseases of the Skin, . . .	BY PROF. L. P. YANDELL, JR.
On Ophthalmic and Aural Diseases, . . . . .	BY PROF. J. M. BODINE.
On Clinical Diseases of the Chest and Physiology, . .	BY PROF. E. R. PALMER.
On Public Hygiene, . . . . .	BY PROF. T. S. BELL.
On Clinical Diseases of Women, . . . . .	BY PROF. JOHN E. CROWE.
On Clinical Surgery, . . . . .	BY PROF. D. W. YANDELL.
On Materia Medica, . . . . .	BY PROF. J. W. HOLLAND.
On Surgery, . . . . .	BY PROF. R. O. COWLING.
On Practice of Medicine, . . . . .	BY DR. W. O. ROBERTS.
On Anatomy, . . . . .	BY DR. H. A. COTTELL.
On Chemistry, . . . . .	BY DR. G. H. ANDERSON.
On Obstetrics, . . . . .	BY DR. W. H. LONG.
On Diseases of Children, . . . . .	BY DR. R. B. GILBERT.
On Physiology, . . . . .	BY DR. J. H. O'REILLY.

Didactic Lectures will be given upon the Specialties of Medicine and Surgery, but the essential feature of this course will be **CLINICAL INSTRUCTION** and **RECITATIONS** from the text-books, it being the design of the Faculty to give the student advantages much superior, as has been demonstrated, to those obtained by ordinary office instruction.

In the illustration of the various courses, the **MUSEUM, LIBRARY** and **APPARATUS** of the University will be used.

**Examinations and Clinical Instruction.**—Daily examinations on all the branches of Medicine will be held by the various members of the Faculty.

The University Dispensary, situated upon the college grounds, supported by the Faculty and under its exclusive control, is the only institution of the kind in the city of Louisville which has existed for any number of years. It has obtained the confidence of the sick poor of this city, and its rooms, especially during the milder months, are daily crowded with patients illustrating all varieties of disease.

The Faculty have also access to the Louisville City Hospital, an institution which contains more than two hundred beds, and the Hospital of St. Mary and Elizabeth. From these sources an inexhaustible supply of Clinical material is obtained.

Prof. D. W. YANDELL holds his regular Surgical Clinic twice a week; Prof. JOHN E. CROWE twice a week, upon the Diseases of Women; Prof. L. P. YANDELL, JR. twice a week, upon Clinical Medicine; Prof. BODINE twice a week, upon Diseases of the Eye and Ear; Prof. PALMER twice a week, upon Diseases of the Heart and Lungs; Prof. COWLING twice a week, upon Surgery; all at the University.

Advanced Students will be given obstetrical cases and cases in out-door practice to attend.

The Spring and Summer Course of the University is designed to be supplementary to the Regular Winter Course. Attendance upon it is voluntary and does not count as a session, but students who attend it are furnished with certificates, which will be taken as additional evidence of proficiency in candidates applying for the Medical Degree of the University.

It will be seen that the entire Faculty of the medical Department of the University, together with a valuable corps of assistants, are engaged in the Spring Course, and they pledge their best labors to insure its success.

The Fee for the full Course is \$25.00, and entitles the holder to his Matriculation Ticket for the ensuing Regular Winter Session.

For further information address

W. O. ROBERTS, M. D.,  
Dean of University Summer School,  
263 W. Walnut St., LOUISVILLE.

# CINCHO-QUININE.

CINCHO-QUININE, which was placed in the hands of physicians in 1869, has been tested in all parts of the country, and the testimony in its favor is decided and unequivocal.

It contains the important constituents of *Peruvian Bark*, Quinia, Quinidia, Cinchonina and Cinchonidia, in their alkaloidal condition, and no external agents.

UNIVERSITY OF PENNSYLVANIA, Jan. 22, 1875.

"I have tested CINCHO-QUININE, and have found it to contain quinine, quinidine, cinchonine, and cinchonidine."

F. A. GENTH, Prof. of Chemistry and Mineralogy.

LABORATORY OF THE UNIVERSITY OF CHICAGO, February 1, 1875.

"I hereby certify that I have made a chemical examination of the contents of a bottle of CINCHO-QUININE, and by direction I made a qualitative examination for quinine, quinidine, and cinchonine, and hereby certify that I found these alkaloids in CINCHO-QUININE."

C. GILBERT WHEELER, Professor of Chemistry.

"I have made a careful analysis of the contents of a bottle of your CINCHO-QUININE, and find it to contain quinine, quinidine, cinchonine, and cinchonidine."

S. P. SHARPLES, State Assayer of Mass.

In no other form are combined the important alkaloidal principles of Bark, so as to be accessible to medical gentlemen.

In it is found Quinidia, which is believed to be a better anti-periodic than Quinia; and the alkaloids acting in association, unquestionably produce favorable remedial influences which can be obtained from no one alone.

In addition to its superior efficacy as a tonic and anti-periodic, it has the following advantages which greatly increase its value to physicians:—

1st. It exerts the full therapeutic influence of Sulphate of Quinine, in the same doses, without oppressing the stomach, creating nausea, or producing cerebral distress, as the Sulphate of Quinine frequently does, and it produces much less constitutional disturbance.

2d. It has the great advantage of being nearly tasteless. The bitter is very slight, and not unpleasant to the most sensitive, delicate woman or child.

3d. It is less costly; the price will fluctuate with the rise and fall of barks, but will always be much less than the Sulphate of Quinine.

4th. It meets indications not met by that Salt.

Middleburg, Pa.

April 13, 1875.

Gentlemen: I cannot refrain from giving you my testimony regarding CINCHO-QUININE.

In a practice of twenty years, eight of which were in connection with a drug store, I have used Quinine in such cases as are generally recommended by the Profession. In the last four or five years I have used very frequently your CINCHO-QUININE in place of Quinine, and have never been disappointed in my expectations.

JNO. V. BRINDEL, M.D.



Gents: It may be of some satisfaction to you to know that I have used the alkaloid for two years, or nearly, in my practice, and I have found it reliable, and all I think that you claim for it. For children and those of irritable stomachs, as well as those too easily quinized by the Sulphate, the Cincho acts like a charm, and we can hardly see how we did without it so long. I hope the supply will continue.

Yours, with due regard,

J. R. TAYLOR, M.D., Koss, Texas.

I have used your CINCHO-QUININE exclusively for four years in this malarial region.

It is as active an anti-periodic as the Sulphate, and more agreeable to administer. It gives great satisfaction.

D. H. CHASE, M.D., Louisville, Ky.

I have used the CINCHO-QUININE ever since its introduction, and am so well satisfied with its results that I use it in all cases in which I formerly used the Sulphate; and in intermittents it can be given during the paroxysm of fever with perfect safety, and thus lose no time.

W. E. SCHENCK, M.D., Pekin, Ill.

I am using CINCHO-QUININE, and find it to act as reliably and efficiently as the Sulphate.

In the case of children, I employ it almost exclusively, and deem its action upon them more beneficial than that of the time-honored Sulphate.

W. C. SCHRUTZER, M.D.,

Marion, Iowa.

CINCHO-QUININE in my practice has given the best of results, being in my estimation far superior to Sulphate of Quinine, and has many advantages over the Sulphate. G. J. GALLS, M.D., Northampton, Mass.

Your CINCHO-QUININE I have used with marked success. I prefer it in every way to the Sulphate.

D. MACRAE, M.D., Dallas, Texas.

We will send a sample package for trial, containing fifty grains of CINCHO-QUININE, on receipt of twenty-five cents, or one ounce upon the receipt of one dollar and sixty cents, post paid. Special prices given for orders amounting to one hundred ounces and upwards.

WE MANUFACTURE CHEMICALLY PURE SALTS OF

Arsenic, Ammonium, Antimony, Barium, Bromine, Bismuth, Cerium, Calcium, Copper, Gold, Iodine, Iron, Lead, Manganese, Mercury, Nickel, Phosphorus, Potassium, Silver, Sodium, Tin, Zinc, etc.

Price List and Descriptive Catalogue furnished upon application.

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(SUCCESSORS TO JAS. R. NICHOLS & CO.)

BOSTON, MASS.

# PNEUMATIC ASPIRATION.

AFTER THE MANNER OF DIEULAFOY.

"It is always possible, owing to Aspiration, to search for a fluid collection without any danger, whatever may be its seat or its nature."

"I have thrust these Needles into almost every part of the body, into the Joints, the Liver, the Spleen, the Bladder, the Intestines, the Lungs and the Meninges, and I can affirm, and a great number of observers affirm with me, that we have never seen consecutive accidents."—[Dieulafoy on Pneumatic Aspiration, pp. 21, 24.]

WE invite the attention of the MEDICAL PROFESSION to this NEW APPARATUS FOR ASPIRATION, constructed upon the general plan of Potain's modification of Dieulafoy's Aspirator, but containing the following improvements and inventions of our own:—



Fig. 68.

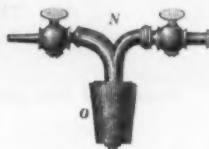


Fig. 69.—The Stopper and Cocks supplied with Apparatus No. 2.

First. Means of changing the Pump from an exhaust to a force-pump, and *vice versa*, thereby enabling the operator not only to withdraw an abnormal fluid, but to inject the cavity through the tubes and need's of the apparatus with one adapted to induce healthy action. See *Dieulafoy on Aspiration*, pp. 276, 278.

Second. The employment, in our apparatus No. 1, of a metal Screw-Cap, fitting the neck by the receiver supplied with this apparatus so securely that it can not be forced from its place, by condensed air while injecting, or accidentally removed while the receiver is in a state of vacuum for aspiration.

Third. The substitution, for the ordinary oiled silk valves of other apparatus of a kind indestructible both in form and material.

Fourth. A simple and comparatively inexpensive attachment for evacuating the contents of the stomach, equal, if not superior to any in use hitherto.

Commendations bestowed upon our Aspirators, by physicians familiar with the latest European and American ones, lead us to believe that in some *important particulars* at least, they are SUPERIOR TO ANY.

In his work on Pneumatic Aspiration, Dieulafoy shows the harmlessness of the Aspiratory Puncture, and its great superiority to the Exploring Trocar as a means of accurate diagnosis in all collections of Pathological Fluids. It has been used with unprecedented success in Retention of Urine, Reduction of Strangulated Hernia, in Ascites, Hydrothorax, Empyema, Pneumothorax, Effusions into the Pericardium, Serous, Purulent and Hematic Effusions of the Knee, Hydroceles, Hydatid Cysts, Abscesses of the Liver, and in various other Pathological Lesions.

## PRICES OF APPARATUS.

No. 1. AIR PUMP—exhaust or condensing as described; 16 oz. receiver, of strong glass, with screw cap; three steel, gold-plated Aspiratory Needles, together with the necessary tubes, stop cocks as shown in Fig. 68, fitted in a neat case, accompanied with printed directions..... \$18 00  
No. 2. The same without receiver and with rubber stopper (see Fig. 69) to fit almost any bottle of quart capacity or less, instead of screw-cap arrangement, also with printed directions..... 16 00

No. 3. DIEULAFOY'S NOTCHED ASPIRATOR. Nickel plated, with two Needles, tubes, etc., in case..... \$14 00  
No. 4. Stomach Attachment as described, adapted to pump accompanying Nos. 1 and 2 additional..... 6 00  
The foregoing are the product of our own Factory, and are warranted in every respect.  
Also DIEULAFOY ON PNEUMATIC ASPIRATION, post-paid, by mail, on receipt of ..... 3 00  
See Full description on application.

CODMAN & SHURTLEFF, Makers of Surgical Instruments,

Nos. 13 and 15 Tremont Street, BOSTON.

N. B.—See our other advertisement in alternate numbers of this Journal.

# COLLEGE OF PHYSICIANS AND SURGEONS OF INDIANA.

SESSION OF 1876-7.

—:—

## FACULTY.

GRAHAM N. FITCH, M. D.

Professor of the Science and Art of Surgery.

THEOPHILUS PARVIN, M. D.

Professor of Obstetrics and Diseases of Women and Children.

R. N. TODD, M. D.

Professor of Principles and Practice of Medicine and Clinical Medicine.

I. C. WALKER, M. D.

Professor of Diseases of the Nervous System.

JOHN E. LINK, M. D.

Professor of Anatomy.

R. E. HAUGHTON, M. D.

Professor of Physiology and Physiological Anatomy.

HENRY JAMESON, M. D.

Professor of Materia Medica and Analytical Chemistry.

J. L. THOMSON, M. D.

Professor of Ophthalmology and Otology.

WILSON LOCKHART, M. D.

Professor of Pathology, Clinical Medicine and Physical Diagnosis.

JOSEPH EASTMAN, M. D.

Demonstrator of Anatomy.

—  
The Session of 1876-77 will commence October 4, 1876, and terminate February 27, 1877.

## F E E S .

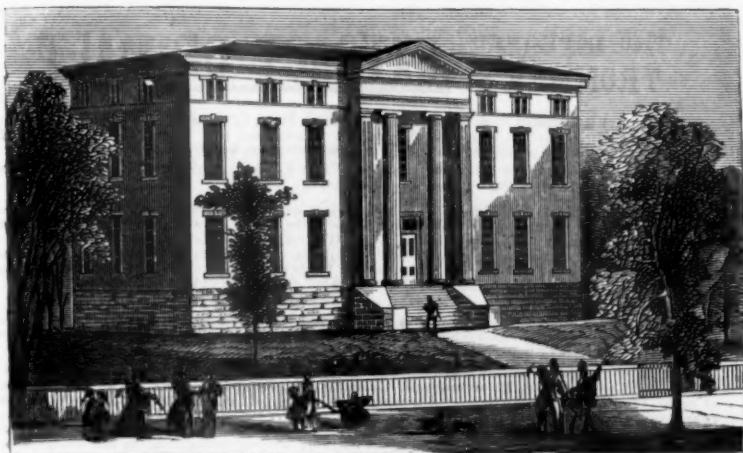
Hospital Ticket .....	\$5 00	Demonstrator's Ticket.....	\$10 00
Professors' Tickets.....	40 00	Student's Laboratory.....	5 00
Matriculation . ....	5 00	Graduation Fee .....	25 00

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DR. I. C. WALKER,  
130 North Pennsylvania<sup>th</sup> Street, Indianapolis.



# UNIVERSITY OF LOUISVILLE.



## MEDICAL DEPARTMENT.

Corner of Eighth and Chestnut Streets.

# FORTIETH ANNUAL SESSION

## FACULTY.

J. M. BODINE, M. D.....Prof. of Anatomy and the Operative Surgery of the Eye.  
L. P. YANDELL, JR., M. D.....Professor of Therapeutics and Clinical Medicine.  
E. R. PALMER, M. D.....Professor of Physiology and Physical Diagnosis.  
T. S. BELL, M. D.....Prof. Science and Prac. of Med. and Public Hygiene.  
JOHN E. CROWE, M. D.....Prof. of Obstetrics and Diseases of Women and Children.  
J. W. HOLLAND, M. D.....Professor of Materia Medica and Medical Chemistry.  
D. W. YANDELL, M. D.....Prof. of the Sci'ce and Art of Surgery and Cli'cal Surgery.  
R. O. COWLING, M. D.....Prof. of Surgical Pathology and Operative Surgery.  
W. O. ROBERTS, M. D.....Demonstrator of Anatomy.

## F E E S.

Professor's Tickets, in full.....	\$50 00	Matriculation Fee.....	\$ 5 00
Demonstrators' Ticket.....	10 00	Graduation Fee.....	30 00
Hospital Ticket (required by City), \$5 00.			

The regular Session will commence on the first Monday in October, and continue until the 1st of March.

A Preliminary Course of Lectures, free to all Students, will commence on the first Monday in September, and continue till the opening of the Regular Term.

**J. M. BODINE, M. D., Dean of Faculty.**

For the Annual Circular containing full particulars, address

**J. W. HOLLAND, M. D., Sec'y of Faculty,**



## THE IMPROVED TROMMER'S EXTRACT OF MALT.

This Extract is prepared from the best Canada Barley Malt, by an improved process which prevents injury to its properties by excess of heat. It is less than half as expensive as the foreign extract; it is also more palatable, convenient of administration, and will not ferment.

Attention is invited to the following analysis of this Extract, as given by S. H. Douglas, Professor of Chemistry, University of Michigan, Ann Arbor:

**TROMMER EXTRACT OF MALT CO.**—I enclose herewith my analysis of your Extract of Malt: Malt Sugar (Glucose), 46.1; Dextrine, Hop-bitter, Extractive Matter, 23.6; Albuminous Matter (Diastase), 2.469; Ash—Phosphates, 1.712, Alkalies, .377; Water, 25.7. Total, 99.958.

In comparing the above analysis with that of the Extract of Malt of the German Pharmacopoeia, as given by Hagar, that has been so generally received by the profession, I find it to substantially agree with that article. Yours, truly,

SILAS H. DOUGLAS,  
Professor of Analytical and Applied Chemistry.

This invaluable preparation is highly recommended by the medical profession, as a most effective therapeutic agent for the restoration of delicate and exhausted constitutions. It is very nutritious, being rich in both muscle and fat-producing materials.

By many American physicians, and among others, by such foreign authorities (German, French and English), as Niemeyer, Trousseau, and Aitken, the Malt Extract is extolled in the treatment of impaired, difficult, and "irritable" digestion, loss of appetite, sick headache, chronic diarrhoea, cough, bronchitis, asthma, consumption, the debility of females, and of the aged, in retarded convalescence from exhausting diseases, and indeed most all depressing maladies, in which it has been found very sustaining and strengthening, and admirably adapted for building up and invigorating the system. It is often well borne by the stomach when every kind of food is rejected, thus actually sustaining life.

The presence of a large proportion of Diastase renders it most effective in those forms of disease originating in imperfect digestion of the starchy elements of food.

A single dose of the Improved Trommer's Extract of Malt contains a large quantity of the active properties of malt than a pint of the best ale or porter; and not having undergone fermentation, is absolutely free from alcohol and carbonic acid.

The dose for adults is from a dessert to a tablespoonful three times daily. It is best taken after meals, pure, or in water, wine, or any kind of spirituous liquor, or mixed with a glass of milk. Each bottle contains One and One Half Pounds of the Extract. Price \$1.00.

In addition to the Extract of Malt with Hops, the attention of Physicians is invited to the following combinations:

**Improved Trommer's Extract of Malt—"FERRATED."** Each dose contains our grains of the Pyrophosphate of Iron. Particularly adapted to cases of Anæmia. Price \$1.00.

**Improved Trommer's Extract of Malt, "with CITRATE OF IRON and QUINIA."** Appropriate where Iron and Quinine are jointly indicated. Very beneficial in the anæmic state following autumnal fever, in chlorosis, enlarged spleen, carbuncles, boils, etc. It is a pleasant tonic, the bitter taste being very effectually disguised. Each dose contains four grains of the Citrate of Iron and Quinia. Price \$1.50.

**Improved Trommer's Extract of Malt, "with HYPOPHOSPHITES."** Far superior to any of the "Syrups" of Hypophosphites, and invaluable in anæmia, scrofulous, tuberculous and other cachectic conditions. In the various affections to which scrofulous children are liable, as marasmus, rachitis, caries of the spine, etc., it is very efficacious. This combination is in certain cases, even more efficient in exhaustion from undue lactation, than the Extract of Malt with Hops. Price \$1.50.

**Improved Trommer's Extract of Malt, "with THE IODIDES OF IRON AND MANGANESE."** The experience of the late Sir J. Y. Simpson and others in the use of this combination of salts, has been fully confirmed by more recent experience. Particularly recommended in anæmia dependant upon scrofula, phthisis, cancer, the syphilitic cachexy, enlarged spleen, and in chlorosis where Iron alone has failed. Each dose contains one grain each of the Iodides of Iron and Manganese. Price \$1.50.

**Improved Trommer's Extract of Malt, "with ALTERNATIVES."** Each dose contains the proper proportions of the Iodide of Calcium and Iron, and of the Chlorides and Bromides of Magnesium, Sodium and Potassium. This combination of the most potent alteratives with tonics and restoratives, has been successfully employed in the different forms of disease dependant upon the "modified scrofulous diathesis," as general perverted glandular action, disease of the bones and cartilages, catarrhal affections of the eye, ear, and naso-pharyngeal mucous surface, eczematous and other cutaneous eruptions, in rheumatic arthritis, scrofulous rheumatism, etc. Price \$1.50.

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**TROMMER EXTRACT OF MALT COMPANY, FREMONT, OHIO.**

For Sale by Wholesale Druggists throughout the United States and the Canadas.

# BELLEVUE HOSPITAL MEDICAL COLLEGE, CITY OF NEW YORK, SESSIONS OF 1876-'77.

The Collegiate Year in this Institution embraces a preliminary Autumnal Term, the Regular Winter Session, and a Spring Session.

The Preliminary Autumnal Term for 1876 1877 will open on Wednesday, September 13, 1876, and continue until the opening of the Regular Session. During this term, instruction, consisting of didactic lectures on special subjects and daily clinical lectures, will be given, as heretofore, by the entire Faculty. Students expecting to attend the Regular Session are strongly recommended to attend the Preliminary Term, but attendance during the latter is not required. During the Preliminary Term, clinical and didactic lectures will be given in precisely the same number and order as in the Regular Session.

The Regular Session will commence on Wednesday, September 27, 1876, and end about the first of March, 1877.

## FACULTY.

ISAAC E. TAYLOR, M. D.,

Emeritus Professor of Obstetrics and Diseases of Women, and President of the Faculty.

JAMES R. WOOD, M. D., LL. D.,

Emeritus Prof. of Surgery.

FORDYCE BARKER, M. D.,

Professor of Clinical Midwifery and Diseases of Women.

AUSTIN FLINT, M. D.,

Professor of the Principles and Practice of Medicine and Clinical Medicine.

WILLIAM M. POLK, M. D.,

Professor of Materia Medica and Therapeutics, and Clinical Medicine.

W. H. VAN BUREN, M. D.,

Professor of Principles and Practice of Surgery, Diseases of Genito-Urinary System, and Clinical Surgery.

AUSTIN FLINT, Jr., M. D.,

Professor of Physiology and Physiological Anatomy, and Secretary of the Faculty.

LEWIS A. SAYRE, M. D.,

Professor of Orthopedic Surgery, Fractures and Dislocations, and Clinical Surgery.

ALPHEUS B. CROSBY, M. D.,

Professor of General, Descriptive, and Surgical Anatomy.

ALEXANDER B. MOTT, M. D.,

Professor of Clinical and Operative Surgery.

B. OGDEN DOREMUS, M. D., LL. D.,

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WILLIAM T. LUSH, M. D.,

Professor of Obstetrics and Diseases of Women and Children, and Clinical Midwifery.

EDWARD G. JANEWAY, M. D.,

Professor of Pathological Anatomy and Histology, Diseases of the Nervous System, and Clinical Medicine.

EDMUND R. PEASLEE, M. D., LL. D.,

Professor of Gynecology.

## Professors of Special Departments, Etc.

HENRY D. NOYES, M. D.,

Professor of Ophthalmology and Otolary.

EDWARD G. JANEWAY, M. D.,

Professor of Practical Anatomy. (Demonstrator of Anatomy.)

JOHN P. GRAY, M. D., LL. D.,

Professor of Psychological Medicine and Medical Jurisprudence.

LEROY MILTON VALE, M. D.,

Lecturer Adjunct upon Orthopedic Surgery.

EDWARD L. KEYES, M. D.,

Professor of Dermatology, and Adjunct to the Chair of Principles of Surgery,

A. A. SMITH, M. D.,

Lecturer Adjunct upon Clinical Medicine.

A distinctive feature of the method of instruction in this College is the union of clinical and didactic teaching. All the lectures are given within the Hospital grounds. During the Regular Winter Session, in addition to four didactic lectures on every week-day except Saturday, two or three hours are daily allotted to clinical instruction.

The Spring Session consists chiefly of Recitations from Text-books. This term continues from the first of March to the first of June. During this Session daily recitations in all the departments are held by a corps of examiners appointed by the regular Faculty. Regular clinics are also given in the Hospital and College building.

## Fees for the Regular Session.

Fees for Tickets to all the Lectures during the Preliminary and Regular Term, including Clinical Lectures.....	\$140 00
Matriculation Fee.....	5 00
Demonstrator's Ticket (including material for dissection).....	10 00
Graduation Fee.....	30 00

## Fees for the Spring Session.

Matriculation (Ticket good for the following Winter).....	\$5 00
Recitations, Clinics, and Lectures.....	35 00
Dissection (Ticket good for the following Winter).....	10 00

Students who have attended two full Winter courses of lectures may be examined at the end of their second course upon Materia Medica, Physiology, Anatomy, and Chemistry, and, if successful, they will be examined at the end of their third course upon Practice of Medicine, Surgery, and Obstetrics only.

For the Annual Circular and Catalogue, giving regulations for graduation and other information, address Professor AUSTIN FLINT, Jr., Secretary, Bellevue Hospital Medical College.

**THE THIRTEENTH ANNUAL COURSE OF LECTURES**

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PUBLISHED AT

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BY

YOHNN & PORTER.

EDITED BY

DAVID W. VANDELL, M. D., AND THEOPHILUS PARVIN, M. D.

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This journal, commenced in 1866 as the Cincinnati Journal of Medicine, is now in its twelfth year. Counting among its contributors many of the leading members of the American profession, it is conducted solely in the interests of its readers. Both in the variety and value of its original contributions, in its many illustrations, its reviews and clinical abstracts, and its superior paper and typography, THE AMERICAN PRACTITIONER challenges comparison with any monthly medical journal in the world.

We give below the Table of Contents of the January and February numbers, and earnestly urge upon physicians the claims of this journal for their support both as subscribers and contributors:

## Contents for January, 1877.

On the Proper Treatment for Lacerations of the Cervix Uteri. By Thomas Addis Emmet, M. D.  
CEnothera Biennis—Its Medicinal Properties and Uses. By N. S. Davis, M. D.  
Delirium Tremens—A Clinical Lecture. By Lunsford P. Vandell, Jr., M. D.  
The Bandage in Thoracic Diseases. By Joseph G. Rogers, M. D.  
The Genu-Pectoral Position in Shoulder Presentation. By Theo. Parvin, M. D.  
A Case of Disease of the Pancreas. By Will M. Thornberry, M. D.  
Diseases of the Conjunctiva and Anomalies of Refraction. By J. P. Worrell, M. D.  
A Case of Intestinal Fistula. By Allison Maxwell, M. D.  
Reviews, Clinic of the Month, and Notes and Queries.

## Contents for February, 1877.

Results of Clinical Studies Relating to Phthisis. By Austin Flint, M. D.  
Considerations in Relation to Diseases of the Joints. By David Prince, M. D.  
Iodized Phenol—A New Uterine Escharotic and Alterative. By Robert Battey, M. D.  
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**TO PHYSICIANS.**

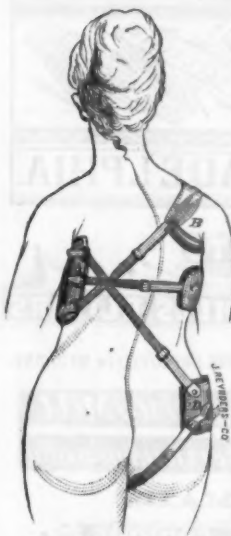
We beg to invite your attention to the fact that arrangements have been made for the simultaneous publication of the **AMERICAN PRACTITIONER** in Louisville and Indianapolis. In Louisville the journal will be issued by John P. Morton & Co., while in Indianapolis its publishing interests will be in the hands of John & Porter.

Its editorial management will remain as heretofore. It is the purpose, however, of the editors to give increased attention to every department of the **American Practitioner**, now entering on the seventh year of its publication, and strive to make it even more worthy than hitherto of the support of the profession. We have perfected arrangements with our former corps of contributors to whose pens the journal has owed its position as one of the leading medical periodicals of the times, and in addition have promised for its pages communications from writers of distinction in almost every part of the country, enabling us to assure our friends that the **ORIGINAL DEPARTMENT** of the **American Practitioner** will be all that could be asked.

We respectfully request your support not only as subscribers but as contributors also.

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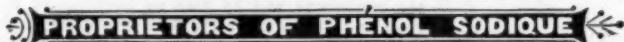
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# TO THE MEDICAL PROFESSION.

## A NEW AND IMPORTANT REMEDY.

# LACTOPEPTINE.

LACTOPEPTINE contains all the agents of digestion that act upon food, from mastication to its conversion into chyle, and is therefore the most important remedy for Dyspepsia that has ever been produced.

The digestive power of LACTOPEPTINE is seven times greater than any preparation of Pepsin in the market, as it has the important advantage of dissolving all aliment used by mankind, while Pepsin acts only upon plastic food.

This preparation has now been in the hands of the Medical Profession for two years, during which time its therapeutic value has been most thoroughly established in cases of Dyspepsia, Intestinal diseases of Children, Chronic Diarrhoea, Constipation, Vomiting in Pregnancy or Dyspepsia, Headache, and all diseases arising from imperfect nutrition.

One of the most important applications of LACTOPEPTINE is in those cases where the digestive organs are unable, from debility, to properly prepare for assimilation the remedies indicated. In such cases combine it with the remedy indicated.

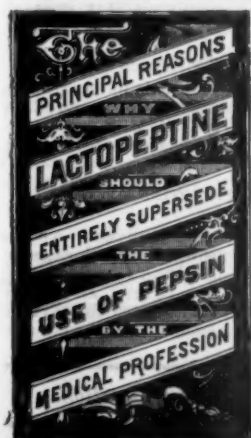


Sugar of Milk,	20	Ounces.	Ty, Pygalin or Diastase,	1	Drachm.
Pepsin,	4	"	Lactic Acid,	24	f. Drachms.
Pancreatine,	3	"	Hydrochloric Acid,	24	f.
		Powder and Mfr.			"

### FORMULA OF LACTOPEPTINE.

LACTOPEPTINE, as well as all other preparations of our manufacture, is prepared strictly for the use of the Medical Profession, and is kept invariably in their hands.

- 1st.—It will digest from three to four times more coagulated albumen than any preparation of Pepsin in the market.
- 2d.—It will emulsionize and prepare for assimilation the oily and fatty portions of food, Pepsin having no action upon this important alimentary article.
- 3d.—It will change the starchy portions of vegetable food into the assimilable form of Glucose.
- 4th.—It contains the natural acids secreted by the stomach (Lactic and Hydrochloric), without which Pepsin and Pancreatine will not change the character of coagulated albumen.
- 5th.—Experiments will readily show that the digestive power of the ingredients of Lactopeptine, when two or more are combined, is much greater than when separated. Thus, 4 grs. of Pepsin and 4 grs. of Pancreatine mixed, will dissolve one-third more albumen than the combined digestive power of each agent separately in same length of time.
- 6th.—IT IS MUCH LESS EXPENSIVE TO PRESCRIBE. It dissolves nearly four times as much coagulated albumen as Pepsin, besides digesting all other food taken by the human stomach. An ounce of Lactopeptine is, therefore fully equal in digestive power to seven ounces of Pepsin, yet it is furnished at about the same price.



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*All the statements made in this Circular are the result of repeated and careful experiments.*

---

The palatability and digestive power of LACTOPEPTINE has been more than doubled during the past two months, by producing several of its component parts free from all extraneous matter, and we now believe it is not susceptible of any further improvement.

---

Physicians who have not given LACTOPEPTINE a trial in their practice, are respectfully requested to read the following opinions of some of our leading Practitioners as to its merits as an important remedial agent.

---

IN ADDITION TO THE FOLLOWING RECOMMENDATIONS, WE HAVE RECEIVED OVER SEVEN HUNDRED COMMENDATORY LETTERS FROM PHYSICIANS, A LARGE NUMBER OF WHICH ENUMERATE CASES WHERE PEPSIN ALONE HAD FAILED TO BENEFIT, BUT FINALLY HAD BEEN TREATED SUCCESSFULLY WITH LACTOPEPTINE.

---

The undersigned, having tested REED & CARNICK'S preparation of Pepsin, Pancreatine, Diastase, Lactic Acid and Hydrochloric Acid, made according to published formulæ, and called *Lactopeptine*, find that in those diseases of the stomach where the above remedies are indicated, it has proven itself a desirable, useful and well adapted addition to the usual pharmaceutical preparations, and therefore recommend it to the profession.

NEW YORK, April 6th, 1875.

J. R. LEAMING, M. D.,

Attending Physician at St. Luke's Hospital.

ALFRED L. LOOMIS, M. D.,

Professor of Pathology and Practice of Medicine, University of the City of New York.

JOSEPH KAMMERER, M. D.,

Clinical Professor of Diseases of Women and Children, University of the City of New York.

LEWIS A. SAYRE, M. D.,

Professor of Orthopedic Surgery and Clinical Surgery, Belevue Hospital Medical College.

EDWARD G. JANEWAY, M. D.

Professor Pathological and Practical Anatomy, and Lecturer on Materia Medica and Therapeutics and Clinical Medicine.

SAMUEL R. PERCY, M. D.,

Professor Materia Medica, New York Medical College.

J. H. TYNDALL, M. D.,

Physician at St. Francis' Hospital.

JOSEPH E. WINTERS, M. D.,

House Physician Belevue Hospital

GEO. F. BATES, M. D.,

House Surgeon Belevue Hospital.

---

INEBRIATE ASYLUM, NEW YORK, March 25th, 1875.

I have carefully watched the effects of *LACTOPEPTINE*, as exhibited in this institution, for about six months, especially in the treatment of Gastritis, and it gives me pleasure to be able to say that I have found the best results from it, supplying as it does an abnormal void of nature in the secretions of the stomach. N. KEELER MORTON, M. D.

---

BRANDON, VT., March 31st, 1875.

I desire to say that I have used *LACTOPEPTINE* for a year, not only on my friends, but also in my own case, and have found it one of the most valuable aids to digestion that I have ever used.

A. T. WOODWARD, M. D.,

Late Professor of Obstetrics and Diseases of Women and Children Vermont Med. College.

---

EXTRACT FROM A REPORT UPON THE USES OF LACTOPEPTINE,  
BY J. KING MERRITT, M. D., FLUSHING, L. I.

About six months since I saw a notice of *LACTOPEPTINE* and its analysis in a Medical Journal, and having long ago recognized the inability of Pepsin to reach those cases in which the several processes of digestion are all more or less involved, I immediately commenced the use of *LACTOPEPTINE* in my own case. This was, in brief, an inherited, fostered, persistent condition of General Dyspepsia, which I had treated for several years with Pepsin, finding in its use good service, although the general results were discouraging.

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*A large proportion of diseases are the result of imperfect digestion.*

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*In all cases when the stomach is unable to digest and appropriate the remedies indicated, they should be combined with*  
*Lactopeptine.*

---

The effect of *LACTOPEPTINE* on my powers of digestion has far surpassed my expectations, and its remedial qualities in numerous cases, more or less complicated, have been all that I could desire. In these cases *LACTOPEPTINE* was associated with other remedies indicated, for the purpose of facilitating their assimilation, which is so often nullified by a disordered and debilitated condition of the digestive organs.\*

I will now give, in brief, an epitome of a case recovering under the use of *LACTOPEPTINE*. She was a married lady, who five years ago became afflicted with diarrhœa, which had baffled every mode of intelligent treatment. She had an intestinal flux, body much emaciated, and her entire health was greatly impaired. I treated her with *LACTOPEPTINE*, in conjunction with other remedies, many of which had been formerly used without avail. She is now rapidly recovering.

I shall only add that the more my experience, in its varied applicability, extends, the more its beneficial effects appear.

—00—

NEWTON, IOWA, May 10th, 1875.

I have been using *LACTOPEPTINE* for several months, and after a careful trial in stomach and bowel troubles, find that it has no equal. In all cases of indigestion and lack of assimilation, it is a most splendid remedy.

H. E. HUNTER, M. D.

—00—

WEST NEWFIELD, ME., June 14th, 1875.

*LACTOPEPTINE* seems to be all that it is recommended to be. It excels all remedies that I have tried in aiding a debilitated stomach to perform its functions.

STEPHEN ADAMS, M. D.

—00—

WOLCOTT, WAYNE CO., N. Y., June 29th, 1875.

From the experience I have had with *LACTOPEPTINE*, I am of the opinion that you have produced a remedy which is capable of fulfilling an important indication in a greater variety of diseases than any medicine I have met with in a practice of over 45 years.

JAMES M. WILSON, M. D.

—00—

BROWNVILLE, N. Y., August 3d, 1875.

Some time since I received a small package of *LACTOPEPTINE*, which I have used in a case of long standing Dyspepsia. The subject is a man 40 years of age; has had this ailment over 10 years. I never had so bad a case before, and I have been practicing medicine 21 years. Your *LACTOPEPTINE* seems just the remedy he needs. He is improving finely, and can now eat nearly any kind of food without distress. I have several cases I shall take hold of as soon as I can obtain the medicine.

W. W. GOODWIN, M. D.

—00—

EDDYVILLE, WAPELLO CO., IOWA, May 5th, 1875.

I have used the *LACTOPEPTINE* in my practice for the last eighteen months, and find it to be one of our great remedies in all diseases of the stomach and bowels. I was called last fall to see a child three years old, that was almost in the last struggles of death with Cholera Infantum. I ordered it teaspoonful doses of Syrup of Lactopeptine, and in a few days the child was well. I could not practice without it.

F. C. CORNELL, M. D.

—00—

CORTLAND, DE KALB CO., ILL., August 12th, 1875.

I received recently a small package of *LACTOPEPTINE* with the request that I should try it in a severe case of Dyspepsia. I selected a case of a lady who has been a sufferer over 30 years. She reported relief after the first dose, and now, after using the balance of the package in doses of three grains, three times daily, says she has received more benefit from it than from any other remedy she had ever tried.

G. W. LEWIS, M. D.

---

\* We desire particularly to call the attention of the Profession to the great value of *LACTOPEPTINE* when used in conjunction with other remedies, especially in those cases in which the digestive organs are unable, from debility, to properly prepare for assimilation the remedies indicated.

---

*One drachm of Lactopeptine will digest ten ounces of Coagulated Albumen, while the same quantity of any standard preparation of Pepsin in the market will dissolve but three ounces.*

---

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*One drachm of Lactopeptine dissolved in four fluid drachms of water will emulsionize sixteen ounces of Cod Liver Oil.*

---

CHILLICOTHE, Mo., September 4th, 1874.

I have used **LACTOPEPTINE** this summer with good effect in all cases of weak and imperfect digestion, especially in children during the period of dentition, cholera infantum, &c. I regard it, decidedly, as being the best combination containing Pepsin that I have ever used.

J. A. MUNK, M. D.

—00—

FORT DODGE, IOWA, November 15th, 1874.

I have fairly tried, during the past summer and fall, your **LACTOPEPTINE**, and consider it a most useful addition to the list of practical remedies. I have found it especially valuable in the *gastro-intestinal* diseases of children. W. L. NICHOLSON, M. D.

—00—

WHITE HALL, VA. January 4th, 1875.

A short time since I sent for some of your **LACTOPEPTINE**, which I used in the case of a lady who had been suffering with dyspepsia for over twelve months, and who had taken Pepsin, and other remedies usually prescribed in that disease, with very little benefit. I ordered the **LACTOPEPTINE**, and was pleased to find a decided improvement after a few days, which has steadily increased. At the present time she appears to have entirely recovered.

Very truly,

E. B. SMOKE, M. D.

—00—

INDIANOLA, IOWA, December 11th, 1874,

I consider the **LACTOPEPTINE** a heaven-sent remedy for all digestive troubles. I gave it to a lady troubled with exhaustive nausea and vomiting from pregnancy, with immediate and perfect relief, after all other remedies had failed. She was almost in *articulo mortis*. The third day after taking the **LACTOPEPTINE** she was able to be up. I was called in council the other day to a case of Intussusception; the patient was vomiting stercoraceous matter; had retained no nutrition for several days. I gave the **LACTOPEPTINE** with immediate relief. Ingestion was retained. I relieved the bowels by inflation, got an operation, and the patient will recover. I consider the **LACTOPEPTINE** was his *sheet anchor*. I am now using the **LACTOPEPTINE** in Cancer of the Stomach—the only medicine that gives the patient any relief. It seems to act as an anodyne in his case more so than morphine.

C. W. DAVIS, M. D.

—00—

CONTOCOOK, N. H., November 25th, 1874.

After a thorough trial, I believe **LACTOPEPTINE** to be one of the most important of the new remedies that have been brought to the attention of physicians during the last ten years. I have used it in several cases of vomiting of food from dyspepsia, and in the vomiting from pregnancy, with the best of success. The relief has been immediate in every instance. In some of the worst cases of Cardialgia, heretofore resisting all other treatment, **LACTOPEPTINE** invariably gave immediate relief. It has accomplished more, in my hands, than any other remedy of its class I ever met with, and I believe no physician can safely be without it. It takes the place of Pepsin, is more certain in its results, and is received by patients of all ages without complaint, being a most pleasant remedy. I have used **LACTOPEPTINE** in my own case, having been troubled with feelings of weight in the stomach and distress after eating, but always have obtained immediate relief upon taking the elixir in teaspoonful doses. GEO. C. BLAISDELL, M. D.

—00—

MO. VALLEY, IOWA, November 12th, 1874

Some months since I saw in a medical journal a notice of your **LACTOPEPTINE**. Having in charge a patient in whose case I thought it was indicated, I prescribed it in 5 gr. doses. He used it about a week and was greatly benefited. I failed to procure more just then, so I gave him Pepsin instead, the patient thinking it to be the same prescription. After two days he returned to my office saying that "the last medicine didn't hit the spot, but that which you gave me last week was just the thing, and has given me more relief than any medicine I have ever taken." I consider this a fair test (so far as it goes) of the merits of this new, and I think, invaluable remedy. G. W. COIT, M. D.

---

*One drachm of Lactopeptine will transform four ounces of Starch into Glucose.*

---

*Pancreatine and Diastase are more important digestive agents than Pepsin.*

## COMMUNICATIONS FROM MEDICAL JOURNALS.

We have for several months been prescribing various preparations of medicine containing **LACTOPEPTINE** as an important aid to digestion. It may be advantageously combined with cod liver oil, calisaya, iron, bismuth, quinine and strychnia. **LACTOPEPTINE** is composed of pepsin, ptyalin, pancreatine, lactic acid and hydrochloric acid—pepsin, lactic and hydrochloric acids being in the gastric juice, ptyalin in the saliva, and pancreatine emulsionizing fatty substances. The theory of its action being rational, we have prescribed the various preparations referred to above with more evidence of benefit than we ever observed from pepsin.—*St. Louis Medical and Surgical Journal*, September, 1874.

—00—  
AN ARTICLE ON LACTOPEPTINE, BY LAURENCE ALEXANDER, M. D., OF YORKVILLE, S. C., IN THE ATLANTA MEDICAL AND SURGICAL JOURNAL, NOVEMBER, 1874.

Some time ago a small box, labelled "Physicians' Samples **LACTOPEPTINE**" was placed in my hands, with the request that I would give it a trial upon some one suffering from dyspepsia. Having, like other physicians, a large *per centum* of just such cases always on hand, in which various medicines and remedies had been used without success, I gladly consented, hoping that something had really been found at last to supply the want felt by every practitioner in the treatment of this troublesome complaint. After several months' experience in the use of this preparation, in which it has been thoroughly tested upon a large number of patients with such gratifying results, I am induced to recommend it to the consideration of the profession, feeling confident that, with due care in their diagnosis, and the many little cautions always necessary, such as restricting the excessive use of fluids while eating, etc., and a little patience on the part of the sufferer, its good effects will be seen beyond a doubt.

While I employ it extensively in many deranged conditions of the bowels incident to infancy and childhood, I find it equally efficacious in constipation and all diseases arising from imperfect nutrition in the adult. In sickness of pregnancy it answers well, far exceeding, in my hands, oxalate of cerium, extract lupulin, or the drop doses of carbolic acid, so highly extolled by some practitioners. In its combination with iron, quinine and strychnia, we have the advantage of using, in cases of great nervous depression and debility peculiar to the dyspeptic, our most valuable agent in a truly elegant form.

### TO TEST THE DIGESTIVE POWER OF LACTOPEPTINE IN COMPARISON WITH ANY PREPARATION OF PEPSIN IN THE MARKET.

To five fluid ounces of water add one drachm of Lactopeptine, half drachm of Hydrochloric Acid, 10 ounces Coagulated Albumen, allowing it to remain from two to six hours at a temperature of 105 deg., agitating it occasionally.

Lactopeptine is prepared in the form of Powder, Sugar Coated Pills Elixir, Syrup, Wine and Troaches.

**LACTOPEPTINE** is also combined with the following preparations :

#### EMULSION OF COD LIVER OIL WITH LACTOPEPTINE.

This combination will be found superior to all other forms of Cod Liver Oil in affections of the Lungs and other wasting diseases. Used in Coughs, Colds, Consumption, Rickets, Constipation, Skin Diseases and Loss of Appetite.

The Oil in this preparation being partly digested before taken, will usually agree with the most debilitated stomach. Although we manufacture seven other preparations of Cod Liver Oil, we would recommend the above as being superior to either of them. It is very pleasant to administer, compared with the plain Oil, and will be readily taken by children

#### EMULSION OF COD LIVER OIL WITH LACTOPEPTINE AND LIME.

Each ounce of the Emulsion contains 16 grs. Lactopeptine and 16 grs. Phosphate Lime.

#### ELIXIR LACTOPEPTINE.

The above preparation is admirably adapted in those cases where Physicians desire to prescribe Lactopeptine in its most elegant form.

*REED & CARRICK manufacture a full line of Fluid Extracts.*



**BEEF, IRON AND WINE WITH LACTOPEPTINE.**

In those debilitated dyspeptic cases when an Iron Tonic, combined with the strengthening properties of Extract of Beef and Wine are indicated, this preparation will be found most efficacious.

—oo—  
**ELIXIR PHOSPHATE OF IRON, QUININE AND STRYCHNIA WITH LACTOPEPTINE.**

There can be no combination more suitable than the above in cases of Nervous and General Debility, attended with Dyspepsia.

—oo—  
**ELIXIR LACTOPEPTINE, STRYCHNIA AND BISMUTH.**

A valuable combination in cases of Dyspepsia attended with Nervous Debility.

—oo—  
**ELIXIR GENTIAN AND CHLORIDE OF IRON WITH LACTOPEPTINE.**

An elegant and reliable remedy in cases of Dyspepsia attended with General Debility.

—oo—  
**SYRUP LACTOPEPTINE COMP.**

Each ounce contains 24 grains Lactopeptine, 8 grains Phosphate of Iron, 8 grains Phosphate Lime, 8 grains Phosphate Soda, and 8 grains Phosphate Potash.

This preparation will be found well suited to cases of General Debility arising from impaired digestion, and also of great value in Pulmonary Affections.

—oo—  
**FORMULÆ.**

*The following valuable formulæ have been contributed by J. KING MERRITT, M.D., who has used them with great success in his practice :*

**NO. 1.—FOR INTERMITTENT FEVER WITH CONGESTION OF LIVER.**

<b>R</b>	Liquid Lactopeptine, . . . . .	dr. vi.
	Fl. Ex. Cinchona Comp, . . . . .	dr. i.
	Fl. Ex. Taraxacum, . . . . .	—
	Tinct. Zingiber, . . . . .	aa dr. iil.
	Hydrochloric Acid Dilut., . . . . .	dr. i.
	Spts. Lavender Comp., . . . . .	dr. ii.
	Sulphate Quinia, . . . . .	grs. xl.

**M. Dose.**—One teaspoonful every two or three hours.

**Sig.**—Quinine mixture or tonic mixture.

**REMARKS.**

This mixture should be taken every two hours in the case of a quotidian attack, as soon after the subsidence of the paroxysms as the stomach will accept it, or even during the sweating stage, if the stomach is not especially irritable, and should be continued until the hour of anticipated paroxysms at the same rate, except during the night, from 10 P. M. to 4 A. M., as a general rule. Six to eight doses to be taken during the first interval, and if the attack does not recur, then continue the mixture daily for one week, at a rate diminished by one hour each day.

**NO. 2.—FOR INTERMITTENT FEVER WITH IRRITABLE STOMACH.**

<b>R</b>	Liquid Lactopeptine, . . . . .	dr. vi.
	Fl. Ex. Cinchona Comp, . . . . .	dr. i.
	Tinct. Zingiber, . . . . .	dr. iil.
	Spts. Lavender Comp, . . . . .	dr. v.
	Aromatic Sulphuric Acid, . . . . .	dr. i.
	Essence Menth. Pip. or Gaultheria, . . . . .	gtts. x.
	Sulphate Quinia, . . . . .	grs. xl.

**M. Dose.**—One teaspoonful with water *ad libitum* every two or three hours, as in Formula No. 1, and in accordance with the type of the attack. Begin at the rate indicated;

*All our goods are of guaranteed strength and uniformity.*

that is, if "Tertian," every three hours, and then after first interval, if the paroxysm does not recur, continue mixture at a diminished rate each succeeding day, as indicated in remarks appended to Formula No. 1, to wit: by increasing the period of time between each dose of medicine an hour every day until a week has passed, when the frequency of a dose will be reduced to three times a day, at which rate it should be continued until complete restoration of appetite and strength.

NO. 3.—FOR MALARIAL DYSPEPSIA.

<b>R</b>	Liquid Lactopeptine,	dr. fl. vi.
	Fl. Ex. Cinchona Com.,	—
	Tinc. Nux. Vomica,	ss. dr. xi.
	Spts. Lavender Comp.,	oz. ss.
	Hydrocyanic Acid Dilut.,	dr. ss.
	Syr. Aromatic Rhubarb,	oz. ss.
	Sulphate Quinine,	dr. ss.

**M. Dose.**—One tablespoonful with water *ad libitum* at meals (before or after), and at bed time if required; also, use in addition after the meals full doses of Pulv. Lactopeptine with Spts. Lavender Comp. and Lime Water, in case the patient should suffer from positive signs of indigestion, although the dose of Formula No. 3 has already been taken at the meal time, either immediately before or after eating, in accordance with the rule or foregoing instruction.

NO. 4.—FOR CHRONIC DIARRHŒA.

<b>R</b>	Liquid Lactopeptine,	dr. vi.
	Liq. Opii. Comp. (Squibbs'),	dr. iii.
	Nitric Acid Dilute; or, Aqua Regia Dilut.,	dr. i.
	Syr. Aromatic Rhubarb,	dr. ii.
	Pulv. Nit. Bismuth,	dr. ss.
	Aqua Camph.,	oz. ss.

**M. Dose.**—One tablespoonful with water after each flux from bowels, and as a rule, at bed time, even if the diarrhœa is apparently checked at that hour, and *this rule*, should be persisted in for two or three days, or until the diarrhœal tendency has been entirely subdued.

—00—

**PEPSIN—PANCREATINE—DIASTASE.**

In addition to **LACTOPEPTINE** we manufacture **PEPSIN**, **PANCREATINE** and **DIASTASE**. They are put up separately in one ounce and pound bottles.

They will be found equal in strength with any other manufacture in the world.

They are all presented in a saccharated form, and are therefore very palatable to administer.

**COMP. CATHARTIC ELIXIR.**

*The only pleasant and reliable Cathartic in liquid form that can be prescribed.*

Each fl. oz. contains:

Sulph. Magnesia,	1 dr.
Senna,	2 "
Scammony,	6 grs.
Liquorice,	1 dr.
Ginger,	3 grs.
Coriander,	5 "

With flavoring ingredients.

**Dose.**—Child five years old, one or two teaspoonfuls; adult, one or two tablespoonfuls.

This preparation is being used extensively throughout the country. It was originated with the design of furnishing a liquid Cathartic remedy that could be prescribed in a palatable form. It will be taken by children with a relish.

MAINE INSANE HOSPITAL, AUGUSTA, Feb. 25th, 1875.

I am happy to say that we are much pleased with the Compound Cathartic Elixir. It has, so far, proved the best Liquid Cathartic we have ever used in our Institution. It acts effectively and kindly, without irritation or pain. H. M. HARLOW, M. D.

*All our goods are of guaranteed strength and uniformity.*



**Strychnia Compound Pill.**

Strychnia,	- - -	1-100 grain.
Phosphorus,	- - -	1-100 "
Ex. Cannabis Indica,	1-16	"
Ginseng,	- - -	1 "
Carb. Iron,	- - -	1 "

*Dose*.—One to two.

A reliable and efficient Pill in Anaphrodisia, Paralysis, Neuralgia, Loss of Memory, Phthisis, and all affections of the Brain resulting from loss of Nerve Power. Price, 80 cents per hundred. Sent by mail, prepaid, on receipt of price.

**Hæma, Quinia and Iron Pill.**

Ext. Blood,	- - -	2 grains.
Quinine Sulph.,	- - -	1 grain.
Sesqui Oxide Iron,	- - -	1 "

*Dose*.—One to three.

Price, \$2.00 per hundred.

Sent by mail, prepaid, on receipt of price.

—00—  
**HEMA PILLS.**

We beg to present to the Medical Profession for their special consideration our several preparations of Blood Pills. The use of Blood medicinally, and the importance of its administration in a large class of diseases, has arrested the attention of many of the leading Physicians of Europe, and has received their warmest attestation. Prominent among these may be mentioned Prof. Panum, of the University of Copenhagen, who is using it with great success in the hospital of that city.

At the abattoir in this city, Boston, and in every part of the country, there can be seen numerous persons afflicted with Pulmonary Affections, Chlorosis, Paralysis, Anemia, and other ailments, who are daily drinking the blood of the ox, and many with more benefit than they have derived from any other source.

The blood used by us being *Arterialized Male Bovine only*, is secured as it flows from the animal in a vacuum pan, and the watery portion (85 per cent.), eliminated at a temperature not exceeding 100° F., the remaining mass, containing every constituent of the blood, being the base of our preparations.

**HÆMA** (Ext. Blood), 4 grs.

*Dose*.—Two to four.

90 cts. per hundred.

**HÆMA COMP.**

Ext. Blood, 2 grs.  
Lacto-Phosphate Lime, 1 gr.  
Pepsin, 2 gr.

*Dose*.—One to three.

\$1.50 per hundred.

**HÆMA, QUINIA, IRON AND STRYCHNIA.**

Ext. Blood, 2 grs.  
Quinine Sulph., 1 gr.  
Sesqui Oxide Iron, 1 gr.  
Strychnine, 1-75 gr.

*Dose*.—One to three.

\$2.00 per hundred.

Samples sent to Physicians, postage prepaid, on receipt of price.

—00—  
**LACTOPEPTINE** and most of our leading preparations can be obtained from the principal Druggists of the United States.

—00—  
**SUGAR COATED PILLS, TROCHES AND POWDERS CAN BE SECURELY SENT BY MAIL.**

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**Price of LACTOPEPTINE by Mail.**

One ounce sent by mail, prepaid, on receipt of . . . \$1 00

One pound " " " " " " . . . 13 00

A fraction of an ounce or pound sent by mail on receipt of corresponding price.

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We guarantee all goods of our manufacture.

In ordering, please designate R. & C.'s manufacture.

Send for PRICE LIST, DOSE BOOKS and DISCOUNTS

OCT. 15TH, 1875.

Respectfully,

**REED & CARNRICK, Manufacturing Pharmacists,**

**198 FULTON STREET, NEW YORK.**

# UNIVERSITY OF LOUISVILLE

## MEDICAL DEPARTMENT.

### SPRING AND SUMMER SESSION OF 1876.

The Spring and Summer Session of 1876 in the Medical Department of the University of Louisville will commence on March 6th and continue till July 1st, with the following

#### CORPS OF INSTRUCTORS:

On Venereal Diseases and Diseases of the Skin, . . .	By Prof. L. P. YANDELL, JR.
On Ophthalmic and Aural Diseases, . . . . .	By Prof. J. M. BODINE.
On Clinical Diseases of the Chest and Physiology, . .	By Prof. E. R. PALMER.
On Public Hygiene, . . . . .	By Prof. T. S. BELL.
On Clinical Diseases of Women, . . . . .	By Prof. JOHN E. CROWE.
On Clinical Surgery, . . . . .	By Prof. D. W. YANDELL.
On Materia Medica, . . . . .	By Prof. J. W. HOLLAND.
On Surgery, . . . . .	By Prof. R. O. COWLING.
On Practice of Medicine, . . . . .	By Dr. W. O. ROBERTS.
On Anatomy, . . . . .	By Dr. H. A. COTTELL.
On Chemistry, . . . . .	By Dr. G. H. ANDERSON.
On Obstetrics, . . . . .	By Dr. W. H. LONG.
On Diseases of Children, . . . . .	By Dr. R. B. GILBERT.
On Physiology, . . . . .	By Dr. J. H. O'REILLY.

Didactic Lectures will be given upon the Specialties of Medicine and Surgery, but the essential feature of this course will be **CLINICAL INSTRUCTION** and **RECITATIONS** from the text-books, it being the design of the Faculty to give the student advantages much superior, as has been demonstrated, to those obtained by ordinary office instruction.

In the illustration of the various courses, the **MUSEUM, LIBRARY** and **APPARATUS** of the University will be used.

**Examinations and Clinical Instruction.**—Daily examinations on all the branches of Medicine will be held by the various members of the Faculty.

The University Dispensary, situated upon the college grounds, supported by the Faculty and under its exclusive control, is the only institution of the kind in the city of Louisville which has existed for any number of years. It has obtained the confidence of the sick poor of this city, and its rooms, especially during the milder months, are daily crowded with patients illustrating all varieties of disease.

The Faculty have also access to the Louisville City Hospital, an institution which contains more than two hundred beds, and the Hospital of St. Mary and Elizabeth. From these sources an inexhaustible supply of Clinical material is obtained.

Prof. D. W. YANDELL holds his regular Surgical Clinic twice a week; Prof. JOHN E. CROWE twice a week, upon the Diseases of Women; Prof. L. P. YANDELL, JR., twice a week, upon Clinical Medicine; Prof. BODINE twice a week, upon Diseases of the Eye and Ear; Prof. PALMER twice a week, upon Diseases of the Heart and Lungs; Prof. COWLING twice a week, upon Surgery; all at the University.

Advanced Students will be given obstetrical cases and cases in out-door practice to attend.

The Spring and Summer Course of the University is designed to be supplementary to the Regular Winter Course. Attendance upon it is voluntary and does not count as a session, but students who attend it are furnished with certificates, which will be taken as additional evidence of proficiency in candidates applying for the Medical Degree of the University.

It will be seen that the entire Faculty of the medical Department of the University, together with a valuable corps of assistants, are engaged in the Spring Course, and they pledge their best labors to insure its success.

The Fee for the full Course is \$25.00, and entitles the holder to his Matriculation Ticket for the ensuing Regular Winter Session.

For further information address

W. O. ROBERTS, M. D.,  
Dean of University Summer School,  
263 W. Walnut St., LOUISVILLE.

# CINCHO-QUININE.

CINCHO-QUININE, which was placed in the hands of physicians in 1869, has been tested in all parts of the country, and the testimony in its favor is decided and unequivocal.

It contains the important constituents of *Peruvian Bark*, *Quinia*, *Quinidia*, *Cinchonia* and *Cinchonidia*, in their alkaloidal condition, and no external agents.

UNIVERSITY OF PENNSYLVANIA, Jan. 22, 1875.

"I have tested CINCHO-QUININE, and have found it to contain *quinine*, *quinidine*, *cinchonine*, and *cinchonidine*."

F. A. GENTH, Prof. of Chemistry and Mineralogy.

LABORATORY OF THE UNIVERSITY OF CHICAGO, February 1, 1875.

"I hereby certify that I have made a chemical examination of the contents of a bottle of CINCHO-QUININE, and by direction I made a qualitative examination for *quinine*, *quinidine*, and *cinchonine*, and hereby certify that I found these alkaloids in CINCHO-QUININE."

C. GILBERT WHEELER, Professor of Chemistry.

"I have made a careful analysis of the contents of a bottle of your CINCHO-QUININE, and find it to contain *quinine*, *quinidine*, *cinchonine*, and *cinchonidine*."

S. P. SHARPLES, State Assayer of Mass.

In no other form are combined the important alkaloidal principles of *Bark*, so as to be accessible to medical gentlemen.

In it is found *Quinidia*, which is believed to be a better anti-periodic than *Quinia*; and the alkaloids acting in association, unquestionably produce favorable remedial influences which can be obtained from no one alone.

In addition to its superior efficacy as a tonic and anti-periodic, it has the following advantages which greatly increase its value to physicians:—

1st. It exerts the full therapeutic influence of Sulphate of Quinine, in the same doses, without oppressing the stomach, creating nausea, or producing cerebral distress, as the Sulphate of Quinine frequently does, and it produces much less constitutional disturbance.

2d. It has the great advantage of being nearly tasteless. The bitter is very slight, and not unpleasant to the most sensitive, delicate woman or child.

3d. It is less costly; the price will fluctuate with the rise and fall of *barks*, but will always be much less than the Sulphate of Quinine.

4th. It meets indications not met by *Just Salt*.

Middlebury, Pa.

April 13, 1875.

Gentlemen: I cannot refrain from giving you my testimony regarding CINCHO-QUININE.

In a practice of twenty years, eight of which were in connection with a drug store, I have used Quinine in such cases as are generally recommended by the Profession. In the last four or five years I have used very frequently your CINCHO-QUININE in place of Quinine, and have never been disappointed in my expectations.

JNO. Y. SHINDEL, M.D.



Gents: It may be of some satisfaction to you to know that I have used the alkaloid for two years, or nearly, in my practice, and I have found it reliable, and all I think that you claim for it. For children and those of irritable stomachs, as well as those too easily quinated by the Sulphate, the Cincho acts like a charm, and we can hardly see how we did without it so long. I hope the supply will continue. Yours, with true regard,

J. R. TAYLOR, M.D., Kosee, Texas

I have used your CINCHO-QUININE exclusively for four years in this malarial region.

It is as active an anti-periodic as the Sulphate, and more agreeable to administer. It gives great satisfaction.

D. H. CHASE, M.D., Louisville, Ky.

I have used the CINCHO-QUININE ever since its introduction, and am so well satisfied with its results that I use it in all cases in which I formerly used the Sulphate; and in intermittents it can be given during the paroxysm of fever with perfect safety, and thus lose no time.

W. E. SCHENCK, M.D., Pekin, Ill.

I am using CINCHO-QUININE, and find it to act as reliably and efficiently as the Sulphate.

In the case of children, I employ it almost exclusively, and deem its action upon them more beneficial than that of the time-honored Sulphate.

W. C. SCHULTZ, M.D.,

Marengo, Iowa.

CINCHO-QUININE in my practice has given the best of results, being in my estimation far superior to Sulphate of Quinine, and has many advantages over the Sulphate. G. INGLETT, M.D.,

Northampton, Mass.

Your CINCHO-QUININE I have used with marked success. I prefer it in every way to the Sulphate.

D. MACKEY, M.D., Dallas, Texas.

We will send a sample package for trial, containing fifty grains of CINCHO-QUININE, on receipt of twenty-five cents, or one ounce upon the receipt of one dollar and sixty cents, post paid. Special prices given for orders amounting to one hundred ounces and upwards.

WE MANUFACTURE CHEMICALLY PURE SALTS OF

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(SUCCESSORS TO JAS. R. NICHOLS & CO.)

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## Apparatus for Local Anæsthesia and Atomization of Liquids.



The Complete Steam Atomizer (new).  
(Patented March 24, 1868.)

All the joints are hard-soldered.  
It can not be injured by exhaustion of water, or any attainable pressure, and will last for many years.

It does not throw sprits of hot water; is convenient, durable, portable, compact and cheap, in the best sense of the word. Price, \$6.00.

Brass parts, nickel-plated, additional, \$2.50.

Neatly-made, strong Black Walnut Box, with convenient Handle, additional, \$2.50.

Each of the above Apparatus is supplied with two carefully-made annealed glass Atomizing Tubes, and accompanied with directions for use. The steam apparatus is tested with steam, at very high pressure. Each Apparatus is carefully packed for transportation, and warranted perfect. Also,

**Hand Ball Apparatus**, (without shield), with two Glass Tubes..... \$3 50

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**Perfume Atomizer**, for Perfumes, Disinfectants, etc..... 1 50

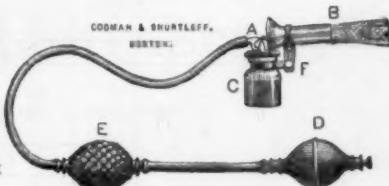
**Nickel-Plated Tube**, for Local Anæsthesia, and for Inhalation, each..... \$0 75 to 2 00

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A Pamphlet, containing two articles, by distinguished foreign authority, on "Inhalation of Atomized Liquids," formulae of those successfully employed.

Also, an article by Dr. J. L. W. THURICUM, M. B. C. P., on "A New Mode of Treating Diseases of the Nasal Cavity," with his formulae.

Also, an illustrated description of the Best Apparatus for the above purposes, and for producing Local Anæsthesia by Atomization with Ether, by the method of Dr. RICHARDSON, of London; or with Rhigolene, as described by Dr. HENRY J. BIGELOW, in the Boston Medical and Surgical Journal of April 19, 1866. *Will be sent by mail (post-paid) on application.*



Shurtleff's Atomizing Apparatus.  
(Patented March 24, 1868.)

The most desirable Hand Apparatus.

Rubber warranted of very best quality. Valves imperishable, every one carefully fitted to its seat, and to work perfectly in all positions.

The Bubs are adapted to all the Tubes made by us for Local Anæsthesia in Surgical Operations, Teeth Extraction, and for Inhalation. (For description of Tubes see Pamphlet.) Price, \$4.00.

### ALSO FOR SALE.

Cammann's Stethoscope Disarticulating...\$7 00

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*Instruments made to Order, Sharpened, Polished and Repaired.*

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# COLLEGE OF PHYSICIANS AND SURGEONS OF INDIANA.

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SESSION OF 1876-7.

—101—

## FACULTY.

GRAHAM N. FITCH, M. D.

Professor of the Science and Art of Surgery.

THEOPHILUS PARVIN, M. D.

Professor of Obstetrics and Diseases of Women and Children.

R. N. TODD, M. D.

Professor of Principles and Practice of Medicine and Clinical Medicine.

I. C. WALKER, M. D.

Professor of Diseases of the Nervous System.

JOHN E. LINK, M. D.

Professor of Anatomy.

R. E. HAUGHTON, M. D.

Professor of Physiology and Physiological Anatomy.

HENRY JAMESON, M. D.

Professor of Materia Medica and Analytical Chemistry.

J. L. THOMSON, M. D.


Professor of Ophthalmology and Otology.

WILSON LOCKHART, M. D.

Professor of Pathology, Clinical Medicine and Physical Diagnosis.

JOSEPH EASTMAN, M. D.

Demonstrator of Anatomy.

 The Session of 1876-77 will commence October 4, 1876, and terminate February 27, 1877.

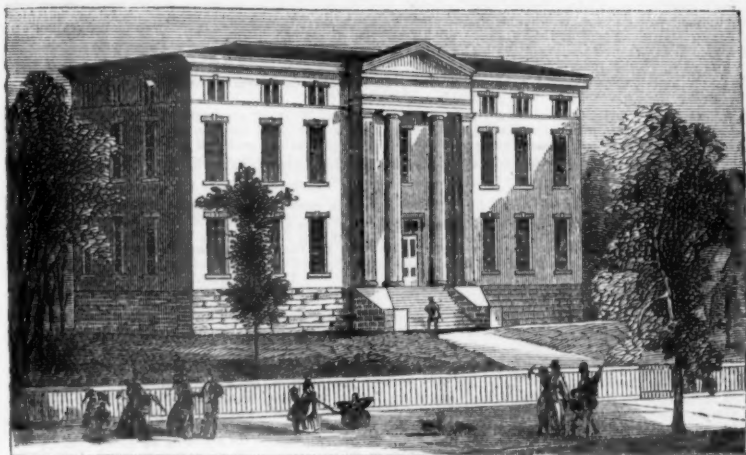
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# UNIVERSITY OF LOUISVILLE.



## MEDICAL DEPARTMENT,

Corner of Eighth and Chestnut Streets.

# FORTIETH ANNUAL SESSION

## FACULTY.

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L. P. YANDELL, JR., M. D.....	Professor of Therapeutics and Clinical Medicine.
E. R. PALMER, M. D.....	Professor of Physiology and Physical Diagnosis.
T. S. BELL, M. D.....	Prof. Science and Prac. of Med. and Public Hygiene.
JOHN E. CROWE, M. D.....	Prof. of Obstetrics and Diseases of Women and Children.
J. W. HOLLAND, M. D.....	Professor of Materia Medica and Medical Chemistry.
D. W. YANDELL, M. D.....	Prof. of the Sci'ce and Art of Surgery and Cli'cal Surgery.
R. O. COWLING, M. D.....	Prof. of Surgical Pathology and Operative Surgery.
W. O. ROBERTS, M. D.....	Demonstrator of Anatomy.

## F E E S.

Professor's Tickets, in full.....	\$50 00	Matriculation Fee.....	\$ 5 00
Demonstrators' Ticket.....	10 00	Graduation Fee.....	30 00
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✎ The regular Session will commence on the first Monday in October, and continue until the 1st of March.

✎ A Preliminary Course of Lectures, free to all Students, will commence on the first Monday in September, and continue till the opening of the Regular Term.

**J. M. BODINE, M. D.,** Dean of Faculty.

✎ For the Annual Circular containing full particulars, address

**J. W. HOLLAND, M. D.,** Sec'y of Faculty.



**THE IMPROVED  
TROMMER'S**

**EXTRACT OF MALT.**

This Extract is prepared from the best Canada Barley Malt, by an improved process which prevents injury to its properties by excess of heat. It is less than half as expensive as the foreign extract; it is also more palatable, convenient of administration, and will not ferment.

Attention is invited to the following analysis of this Extract, as given by S. H. Douglas, Professor of Chemistry, University of Michigan, Ann Arbor:

**TROMMER EXTRACT OF MALT CO.** :—I enclose herewith my analysis of your Extract of Malt: Malt Sugar (Glucose), 46.1; Dextrine, Hop-bitter, Extractive Matter, 23.6; Albuminous Matter (Diastase), 2.469; Ash—Phosphates, 1.712, Alkalies, .377; Water, 45.7. Total, 99.958.

In comparing the above analysis with that of the Extract of Malt of the German Pharmacopoeia, as given by Hagar, that has been so generally received by the profession, I find it to substantially agree with that article. Yours, truly,  
SILAS H. DOUGLAS,

Professor of Analytical and Applied Chemistry.

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No. 81



# BELLEVUE HOSPITAL MEDICAL COLLEGE,

## CITY OF NEW YORK,

### SESSIONS OF 1876-'77.

The Collegiate Year in this Institution embraces a preliminary Autumnal Term, the Regular Winter Session, and a Spring Session.

The Preliminary Autumnal Term for 1876-1877 will open on Wednesday, September 13, 1876, and continue until the opening of the Regular Session. During this term, instruction, consisting of didactic lectures on special subjects and daily clinical lectures, will be given, as heretofore, by the entire Faculty. Students expecting to attend the Regular Session are strongly recommended to attend the Preliminary Term, but attendance during the latter is not required. During the Preliminary Term, clinical and didactic lectures will be given in precisely the same number and order as in the Regular Session.

The Regular Session will commence on Wednesday, September 27, 1876, and end about the first of March, 1877.

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JAMES R. WOOD, M. D., LL. D.,

Emeritus Prof. of Surgery.

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Professor of Clinical Midwifery and Diseases of Women.

AUSTIN FLINT, M. D.,

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Professor of Principles and Practice of Surgery, Diseases of Genito-Urinary System, and Clinical Surgery.

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ALEXANDER B. MOTT, M. D.,

Professor of Clinical and Operative Surgery.

WILLIAM T. LUSK, M. D.,

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Professor of Gynecology.

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AUSTIN FLINT, JR., M. D.,

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R. OGDEN DOREMUS, M. D., LL. D.,

Professor of Chemistry and Toxicology.

EDWARD G. JANEWAY, M. D.,

Professor of Pathological Anatomy and Histology, Diseases of the Nervous System, and Clinical Medicine.

#### Professors of Special Departments, Etc.

HENRY D. NOYES, M. D.,

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JOHN P. GRAY, M. D., LL. D.,

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A distinctive feature of the method of instruction in this College is the union of clinical and didactic teaching. All the lectures are given within the Hospital grounds. During the Regular Winter Session, in addition to four didactic lectures on every week-day except Saturday, two or three hours are daily allotted to clinical instruction.

The Spring Session consists chiefly of Recitations from Text-books. This term continues from the first of March to the first of June. During this Session daily recitations in all the departments are held by a corps of examiners appointed by the regular Faculty. Regular clinics are also given in the Hospital and College building.

#### Fees for the Regular Session.

Fees for Tickets to all the Lectures during the Preliminary and Regular Term, including Clinical Lectures.....	\$140 00
Matriculation Fee.....	5 00
Demonstrator's Ticket (including material for dissection).....	10 00
Graduation Fee.....	30 00

#### Fees for the Spring Session.

Matriculation (Ticket good for the following Winter).....	\$5 00
Recitations, Clinics, and Lectures.....	35 00
Dissection (Ticket good for the following Winter).....	10 00

Students who have attended two full Winter courses of lectures may be examined at the end of their second course upon Materia Medica, Physiology, Anatomy, and Chemistry, and, if successful, they will be examined at the end of their third course upon Practice of Medicine, Surgery, and Obstetrics only.

For the Annual Circular and Catalogue, giving regulations for graduation and other information, address Professor AUSTIN FLINT, JR., Secretary, Bellevue Hospital Medical College.

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—IN THE—

**Medical Department of University of Wooster,**

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114th ANNUAL SESSION, 1876-77.

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Demonstrator of Anatomy, H. LENOX HODGE, M. D.; of Surgery, CHARLES T. HUNTER, M. D.; of Practical Chemistry, GEORGE M. WARD, M. D.; of Experimental Physiology, ISAAC OTT, M. D.

Clinical Instruction is given at the University Hospital by the above named Clinical Professors, and also on Diseases of the Eye, Prof. NORRIS; Diseases of the Ear, Prof. STRAWBRIDGE; Nervous Diseases, Prof. H. C. WOOD, JR.; Skin Diseases, Prof. L. A. DUNNING; Morbid Anatomy and Histology, Prof. J. TYSON.

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FIG. 3 represents apparatus turned in shape to receive the foot, after which turn the key and reverse back to a bearing shape.

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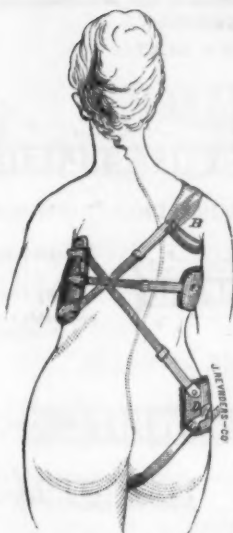
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
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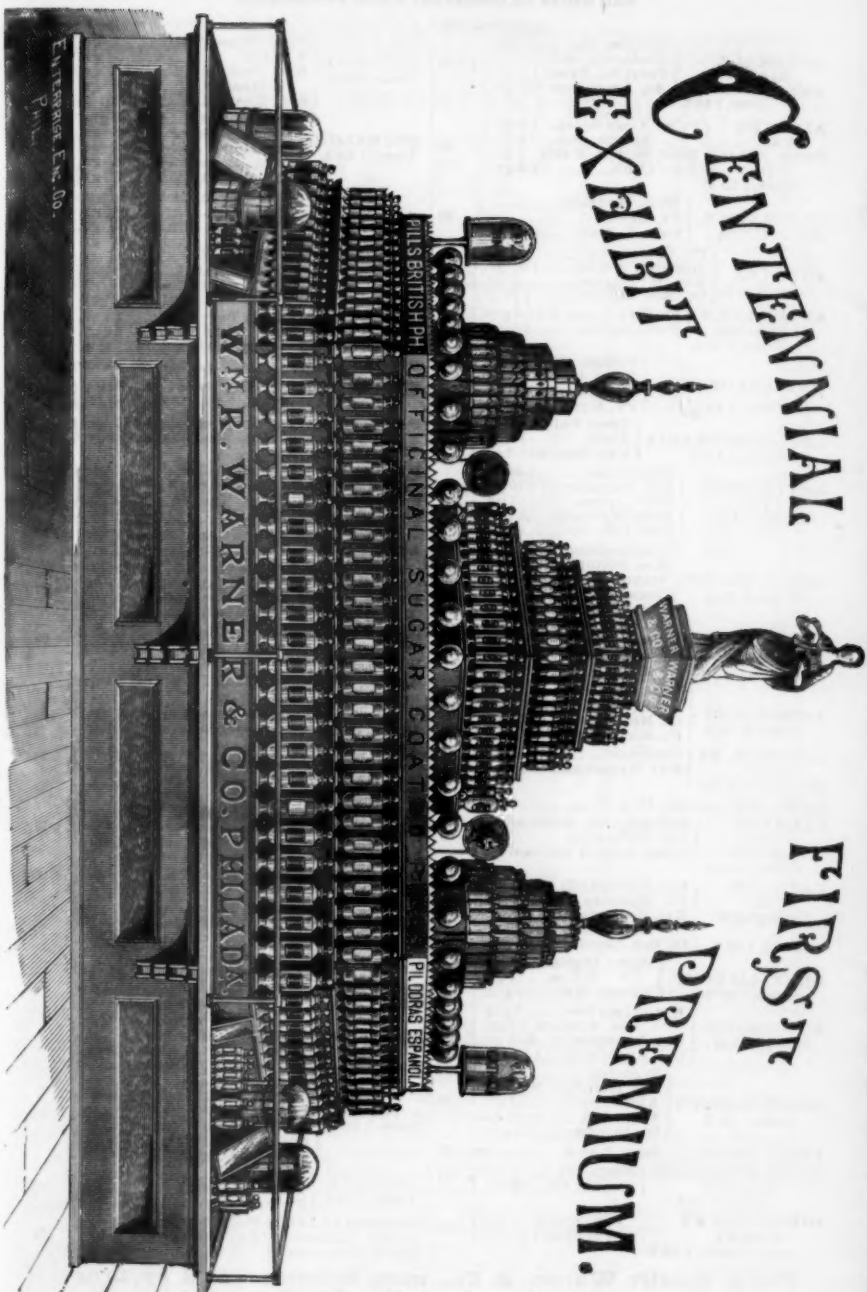
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ANTI-PERIODIC Dose, 1 to 2	{ Cinchonidis Sulph. 1 gr. Res. Podophylli 1-30 gr. Strychnine Sul. .... 1-33 gr. Gelsemin. .... 1-30 gr. Ferri Sulph. Exs 1-3 gr. Ol. Res. Capsici 1-10 gr. }	90	PHOSPHORI ET FERRI Dose, 1 to 2	{ Phosphorus ..... 1-100 gr. }	2 90
APERIENT Dose, 1 to 2	{ Ext. Nuc. Vom. .... 1-3 gr. " Hyoscyam. .... 1-3 gr. " Coloc. C. .... 2 gr. }	85	PHOSPHORI ET FERRI Dose, 1 to 2	{ Phosphorus ..... 1-100 gr. }	2 90
ASTRINGENT Dose, 1 to 2	{ Ext. Gerani. .... 3 grs. Pv. Opil. .... 1-4 gr. Ol. Ment. Pip. .... 1-30 gtt. Ol. Res. Zingiber 1-30 gtt. }	90	PHOSPHORI ET FERRI Dose, 1 to 2	{ Phosphorus ..... 1-100 gr. }	2 90
CAMPHOR ET EXT. HYOSCYAMUS	{ Camphor. .... 1 gr. Ext. Hyoscyami Engl 1 gr. }	50	PHOSPHORI ET FERRI Dose, 1 to 2	{ Phosphorus ..... 1-100 gr. }	2 90
CATHART.: Comp., U. S. P.	{ Podophyllin, Scammony Ext. Colocynth Aloes. Soap & Cardamon. }	60	PHOSPHORI ET FERRI Dose, 1 to 2	{ Phosphorus ..... 1-100 gr. }	2 90
CATHART.: Comp., Cholagogue	{ Res. Podophylli. .... 1-3 gr. Pil. Hydrarg. .... 1-4 gr. Ext. Hyoscyami. .... 1-3 gr. " Nuc. Vom. .... 1-16 gr. Ol. Res. Capsici. .... 1-3 gtt. }	60	PHOSPHORI ET FERRI Dose, 1 to 2	{ Phosphorus ..... 1-100 gr. }	2 90
DIGITALIS COMP. Dose, 1 to 2	{ Pulv. Digitalis. .... 1 gr. " Scilla. .... 1 gr. Potass. Nit. .... 3 grs. }	50	PHOSPHORI ET FERRI Dose, 1 to 2	{ Phosphorus ..... 1-100 gr. }	2 90
ECCOPROTIC Dose, 2 to 4	{ Ext. Aloes Soc. .... 3 grs " Nuc. Vomice 1-5 gr. Res. Podophylli. .... 3-10 gr. Ol. Caryophylli. .... 1-10 gtt. }	60	PHOSPHORI ET FERRI Dose, 1 to 2	{ Phosphorus ..... 1-100 gr. }	2 90
EMMENAGOGUE Dose, 1 to 2	{ Ergotine. .... 1 gr. Ext. Hellebor. Nig. 1 gr. Aloes soc. .... 1 gr. Ferri Sul. .... 1 gr. Ol. Sabina. .... 1-3 gtt. }	1 40	PHOSPHORI ET FERRI Dose, 1 to 2	{ Phosphorus ..... 1-100 gr. }	2 90
FERRI IODID. Dose, 1 to 2	{ Iodoform. .... 1 gr. Ferrum. .... 1-4 gr. }	2 50	PHOSPHORI ET FERRI Dose, 1 to 2	{ Phosphorus ..... 1-100 gr. }	2 90
FERRI ET STRYCH- NIA CIT. Dose, 1 to 2	{ Strych. Cit. .... 1 gr. }	75	PHOSPHORI ET FERRI Dose, 1 to 2	{ Phosphorus ..... 1-100 gr. }	2 90
IODOPHORM ET FERRI Dose, 1 to 2	{ Iodoform. .... 1 gr. Ferrum. .... 1-4 gr. }	2 50	PHOSPHORI ET FERRI Dose, 1 to 2	{ Phosphorus ..... 1-100 gr. }	2 90

Please Specify Warner & Co., when Ordering. Sold by Drug-  
gists throughout the Country.

 PILLS SENT BY MAIL ON RECEIPT OF LIST PRICE.

# TO THE MEDICAL PROFESSION.

## A NEW AND IMPORTANT REMEDY.

# LACTOPEPTINE.

LACTOPEPTINE contains all the agents of digestion that act upon food, from mastication to its conversion into chyle, and is therefore the most important remedy for Dyspepsia that has ever been produced.

The digestive power of LACTOPEPTINE is seven times greater than any preparation of Pepsin in the market, as it has the important advantage of dissolving all aliment used by mankind, while Pepsin acts only upon plastic food.

This preparation has now been in the hands of the Medical Profession for two years, during which time its therapeutic value has been most thoroughly established in cases of Dyspepsia, Intestinal diseases of Children, Chronic Diarrhoea, Constipation, Vomiting in Pregnancy or Dyspepsia, Headache, and all diseases arising from imperfect nutrition.

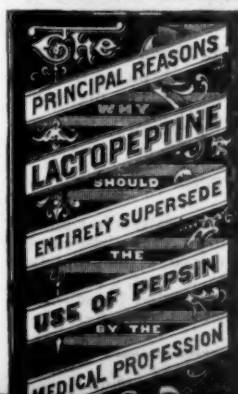
One of the most important applications of LACTOPEPTINE is in those cases where the digestive organs are unable, from debility, to properly prepare for assimilation the remedies indicated. In such cases combine it with the remedy indicated.



### FORMULA OF LACTOPEPTINE.

Sugar of Milk,	20 Ounces.	Pty. Ptyalin or Diastase,	1 Drachm.
Pepsin,	4 "	Lactic Acid,	24 ℥. Drachms.
Pancreatin,	3 "	Hydrochloric Acid,	24 ℥. "
		Powder and Mix.	

LACTOPEPTINE, as well as all other preparations of our manufactory, is prepared strictly for the use of the Medical Profession, and is kept securely in their hands.



- 1st.—It will digest from three to four times more coagulated albumen than any preparation of Pepsin in the market.
- 2d.—It will emulsionize and prepare for assimilation the oily and fatty portions of food, Pepsin having no action upon this important alimentary article.
- 3d.—It will change the starchy portions of vegetable food into the assimilable form of Glucose.
- 4th.—It contains the natural acids secreted by the stomach (Lactic and Hydrochloric), without which Pepsin and Pancreatin will not change the character of coagulated albumen.
- 5th.—Experiments will readily show that the digestive power of the ingredients of Lactopeptine, when two or more are combined, is much greater than when separated. Thus, 4 grs. of Pepsin and 4 grs. of Pancreatin mixed, will dissolve one-third more albumen than the combined digestive power of each agent separately in same length of time.
- 6th.—It is MUCH LESS EXPENSIVE TO PRESCRIBE. It dissolves nearly four times as much coagulated albumen as Pepsin, besides digesting all other food taken by the hu-

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*All the statements made in this Circular are the result of repeated and careful experiments.*

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The palatability and digestive power of LACTOPEPTINE has been more than doubled during the past two months, by producing several of its component parts free from all extraneous matter, and we now believe it is not susceptible of any further improvement.

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Physicians who have not given LACTOPEPTINE a trial in their practice, are respectfully requested to read the following opinions of some of our leading Practitioners as to its merits as an important remedial agent.

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IN ADDITION TO THE FOLLOWING RECOMMENDATIONS, WE HAVE RECEIVED OVER SEVEN HUNDRED COMMENDATORY LETTERS FROM PHYSICIANS, A LARGE NUMBER OF WHICH ENUMERATE CASES WHERE PEPSIN ALONE HAD FAILED TO BENEFIT, BUT FINALLY HAD BEEN TREATED SUCCESSFULLY WITH LACTOPEPTINE.

—00—  
The undersigned, having tested REED & CARNRICK'S preparation of Pepsin, Pancreatine, Diastase, Lactic Acid and Hydrochloric Acid, made according to published formulæ, and called *Lactopeptine*, find that in those diseases of the stomach where the above remedies are indicated, it has proven itself a desirable, useful and well adapted addition to the usual pharmaceutical preparations, and therefore recommend it to the profession.

NEW YORK, April 6th, 1875.

J. R. LEAMING, M. D.,

Attending Physician at St. Luke's Hospital.

ALFRED L. LOOMIS, M. D.,

Professor of Pathology and Practice of Medicine, University of the City of New York.

JOSEPH KAMMERER, M. D.,

Clinical Professor of Diseases of Women and Children, University of the City of New York.

LEWIS A. SAYRE, M. D.,

Professor of Orthopædic Surgery and Clinical Surgery, Belevue Hospital Medical College.

EDWARD G. JANEWAY, M. D.

Professor Pathological and Practical Anatomy, and Lecturer on Materia Medica and Therapeutics and Clinical Medicine.

SAMUEL R. PERCY, M. D.,

Professor Materia Medica, New York Medical College.

J. H. TYNDALL, M. D.,

Physician at St. Francis' Hospital.

JOSEPH E. WINTERS, M. D.,

House Physician Belevue Hospital.

GEO. F. BATES, M. D.,

House Surgeon Belevue Hospital.

—00—  
INEBRIATE ASYLUM, NEW YORK, March 25th, 1875.

I have carefully watched the effects of LACTOPEPTINE, as exhibited in this institution, for about six months, especially in the treatment of Gastritis, and it gives me pleasure to be able to say that I have found the best results from it, supplying as it does an abnormal void of nature in the secretions of the stomach. N. KEELER MORTON, M. D.

—00—  
BRANDON, VT., March 31st, 1875.

I desire to say that I have used LACTOPEPTINE for a year, not only on my friends, but also in my own case, and have found it one of the most valuable aids to digestion that I have ever used.

A. T. WOODWARD, M. D.,

Late Professor of Obstetrics and Diseases of Women and Children Vermont Med. College.

—00—  
EXTRACT FROM A REPORT UPON THE USES OF LACTOPEPTINE,  
BY J. KING MERRITT, M. D., FLUSHING, L. I.

About six months since I saw a notice of LACTOPEPTINE and its analysis in a Medical Journal, and having long ago recognized the inability of Pepsin to reach those cases in which the several processes of digestion are all more or less involved, I immediately commenced the use of LACTOPEPTINE in my own case. This was, in brief, an inherited, fostered, persistent condition of General Dyspepsia, which I had treated for several years with Pepsin, finding in its use good service, although the general results were discouraging.

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*A large proportion of diseases are the result of imperfect digestion.*

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*In all cases when the stomach is unable to digest and appropriate the remedies indicated, they should be combined with Lactopeptine.*

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The effect of *LACTOPEPTINE* on my powers of digestion has far surpassed my expectations, and its remedial qualities in numerous cases, more or less complicated, have been all that I could desire. In these cases *LACTOPEPTINE* was associated with other remedies indicated, for the purpose of facilitating their assimilation, which is so often nullified by a disordered and debilitated condition of the digestive organs.\*

I will now give, in brief, an epitome of a case recovering under the use of *LACTOPEPTINE*. She was a married lady, who five years ago became afflicted with diarrhoea, which had baffled every mode of intelligent treatment. She had an intestinal flux, body much emaciated, and her entire health was greatly impaired. I treated her with *LACTOPEPTINE*, in conjunction with other remedies, many of which had been formerly used without avail. She is now rapidly recovering.

I shall only add that the more my experience, in its varied applicability, extends, the more its beneficial effects appear.

—oo—

NEWTON, IOWA, May 10th, 1875.

I have been using *LACTOPEPTINE* for several months, and after a careful trial in stomach and bowel troubles, find that it has no equal. In all cases of indigestion and lack of assimilation, it is a most splendid remedy.

H. E. HUNTER, M. D.

—oo—

WEST NEWFIELD, ME., June 14th, 1875.

*LACTOPEPTINE* seems to be all that it is recommended to be. It excels all remedies that I have tried in aiding a debilitated stomach to perform its functions.

STEPHEN ADAMS, M. D.

—oo—

WOLCOTT, WAYNE CO., N. Y., June 29th, 1875.

*LACTOPEPTINE*, I am of the opinion that you have produced a remedy which is capable of fulfilling an important indication in a greater variety of diseases than any medicine I have met with in a practice of over 45 years.

JAMES M. WILSON, M. D.

—oo—

BROWNVILLE, N. Y., August 3d, 1875.

Some time since I received a small package of *LACTOPEPTINE*, which I have used in a case of long standing Dyspepsia. The subject is a man 40 years of age; has had this ailment over 10 years. I never had so bad a case before, and I have been practicing medicine 21 years. Your *LACTOPEPTINE* seems just the remedy he needs. He is improving finely, and can now eat nearly any kind of food without distress. I have several cases I shall take hold of as soon as I can obtain the medicine.

W. W. GOODWIN, M. D.

—oo—

EDDYVILLE, WAPELLO CO., IOWA, May 5th, 1875.

I have used the *LACTOPEPTINE* in my practice for the last eighteen months, and find it to be one of our great remedies in all diseases of the stomach and bowels. I was called last fall to see a child three years old, that was almost in the last struggles of death with Cholera Infantum. I ordered it teaspoonful doses of Syrup of Lactopeptine, and in a few days the child was well. I could not practice without it.

F. C. CORNELL, M. D.

—oo—

CORTLAND, DE KALB CO., ILL., August 12th, 1875.

I received recently a small package of *LACTOPEPTINE* with the request that I should try it in a severe case of Dyspepsia. I selected a case of a lady who has been a sufferer over 30 years. She reported relief after the first dose, and now, after using the balance of the package in doses of three grains, three times daily, says she has received more benefit from it than from any other remedy she had ever tried.

G. W. LEWIS, M. D.

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\* We desire particularly to call the attention of the Profession to the great value of *LACTOPEPTINE* when used in conjunction with other remedies, especially in those cases in which the digestive organs are unable, from debility, to properly prepare for assimilation the remedies indicated.

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*One drachm of Lactopeptine will digest ten ounces of Coagulated Albumen, while the same quantity of any standard preparation of Pepsin in the market will dissolve but three ounces.*

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*One drachm of Lactopeptine dissolved in four fluid drachms of water will emulsionize sixteen ounces of Cod Liver Oil.*

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CHILLICOTHE, Mo., September 4th, 1874.

I have used *LACTOPEPTINE* this summer with good effect in all cases of weak and imperfect digestion, especially in children during the period of dentition, cholera infantum, &c. I regard it, decidedly, as being the best combination containing Pepsin that I have ever used.

J. A. MUNK, M. D.

—oo—  
FORT DODGE, IOWA, November 15th, 1874.

I have fairly tried, during the past summer and fall, your *LACTOPEPTINE*, and consider it a most useful addition to the list of practical remedies. I have found it especially valuable in the *gastro-intestinal* diseases of children. W. L. NICHOLSON, M. D.

—oo—  
WHITE HALL, VA. January 4th, 1875.

A short time since I sent for some of your *LACTOPEPTINE*, which I used in the case of a lady who had been suffering with dyspepsia for over twelve months, and who had taken Pepsin, and other remedies usually prescribed in that disease, with very little benefit. I ordered the *LACTOPEPTINE*, and was pleased to find a decided improvement after a few days, which has steadily increased. At the present time she appears to have entirely recovered.

Very truly,

SMOKE, M. D.

—oo—  
INDIANOLA, IOWA, December 11th, 1874,

I consider the *LACTOPEPTINE* a heaven-sent remedy for all digestive troubles. I gave it to a lady troubled with exhaustive nausea and vomiting from pregnancy, with immediate and perfect relief, after all other remedies had failed. She was almost in *articulo mortis*. The third day after taking the *LACTOPEPTINE* she was able to be up. I was called in council the other day to a case of Intussusception; the patient was vomiting stercoraceous matter; had retained no nutrition for several days. I gave the *LACTOPEPTINE* with immediate relief. Ingestion was retained. I relieved the bowels by inflation, got an operation, and the patient will recover. I consider the *LACTOPEPTINE* was his *sheet anchor*. I am now using the *LACTOPEPTINE* in Cancer of the Stomach—the only medicine that gives the patient any relief. It seems to act as an anodyne in his case more so than morphine.

C. W. DAVIS, M. D.

—oo—  
CONTOCOOK, N. H., November 25th, 1874.

After a thorough trial, I believe *LACTOPEPTINE* to be one of the most important of the new remedies that have been brought to the attention of physicians during the last ten years. I have used it in several cases of vomiting of food from dyspepsia, and in the vomiting from pregnancy, with the best of success. The relief has been immediate in every instance. In some of the worst cases of Cardialgia, heretofore resisting all other treatment, *LACTOPEPTINE* invariably gave immediate relief. It has accomplished more, in my hands, than any other remedy of its class I ever met with, and I believe no physician can safely be without it. It takes the place of Pepsin, is more certain in its results, and is received by patients of all ages without complaint, being a most pleasant remedy. I have used *LACTOPEPTINE* in my own case, having been troubled with feelings of weight in the stomach and distress after eating, but always have obtained immediate relief upon taking the elixir in teaspoonful doses. GEO. C. BLAISDELL, M. D.

—oo—  
MO. VALLEY, IOWA, November 12th, 1874

Some months since I saw in a medical journal a notice of your *LACTOPEPTINE*. Having in charge a patient in whose case I thought it was indicated, I prescribed it in 5 gr. doses. He used it about a week and was greatly benefited. I failed to procure more just then, so I gave him Pepsin instead, the patient thinking it to be the same prescription. After two days he returned to my office saying that "the last medicine didn't hit the spot, but that which you gave me last week was just the thing, and has given me more relief than any medicine I have ever taken." I consider this a fair test (so far as it goes) of the merits of this new, and I think, invaluable remedy. G. W. COIT, M. D.

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*One drachm of Lactopeptine will transform four ounces of Starch into Glucose.*

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*Pancreatine and Diastase are more important digestive agents than Pepsin.*

## COMMUNICATIONS FROM MEDICAL JOURNALS.

We have for several months been prescribing various preparations of medicine containing **LACTOPEPTINE** as an important aid to digestion. It may be advantageously combined with cod liver oil, calisaya, iron, bismuth, quinine and strychnia. **LACTOPEPTINE** is composed of pepsin, ptyalin, pancreatine, lactic acid and hydrochloric acid—pepsin, lactic and hydrochloric acids being in the gastric juice, ptyalin in the saliva, and pancreatine emulsifying fatty substances. The theory of its action being rational, we have prescribed the various preparations referred to above with more evidence of benefit than we ever observed from pepsin.—*St. Louis Medical and Surgical Journal*, September, 1874.

—OO—  
AN ARTICLE ON LACTOPEPTINE, BY LAURENCE ALEXANDER, M. D. OF YORKVILLE, S. C., IN THE ATLANTA MEDICAL AND SURGICAL JOURNAL, NOVEMBER, 1874.

Some time ago a small box, labelled "Physicians' Samples **LACTOPEPTINE**" was placed in my hands, with the request that I would give it a trial upon some one suffering from dyspepsia. Having, like other physicians, a large *per centum* of just such cases always on hand, in which various medicines and remedies had been used without success, I gladly consented, hoping that something had really been found at last to supply the want felt by every practitioner in the treatment of this troublesome complaint. After several months' experience in the use of this preparation, in which it has been thoroughly tested upon a large number of patients with such gratifying results, I am induced to recommend it to the consideration of the profession, feeling confident that, with due care in their diagnosis, and the many little cautions always necessary, such as restricting the excessive use of fluids while eating, etc., and a little patience on the part of the sufferer, its good effects will be seen beyond a doubt.

While I employ it extensively in many deranged conditions of the bowels incident to infancy and childhood, I find it equally efficacious in constipation and all diseases arising from imperfect nutrition in the adult. In sickness of pregnancy it answers well, far exceeding, in my hands, oxalate of cerium, extract lupulin, or the drop doses of carbo acid, so highly extolled by some practitioners. In its combination with iron, quinine and strychnia, we have the advantage of using, in cases of great nervous depression and debility peculiar to the dyspeptic, our most valuable agent in a truly elegant form.

### TO TEST THE DIGESTIVE POWER OF LACTOPEPTINE IN COMPARISON WITH ANY PREPARATION OF PEPSIN IN THE MARKET.

To five fluid ounces of water add one drachm of Lactopeptine, half drachm of Hydrochloric Acid, 10 ounces Coagulated Albumen, allowing it to remain from two to six hours at a temperature of 105 deg., agitating it occasionally.

Lactopeptine is prepared in the form of Powder, Sugar Coated Pills, Elixir, Syrup, Wine and Troaches.

**LACTOPEPTINE** is also combined with the following preparations :

#### EMULSION OF COD LIVER OIL WITH LACTOPEPTINE.

This combination will be found superior to all other forms of Cod Liver Oil in affections of the Lungs and other wasting diseases. Used in Coughs, Colds, Consumption, Rickets, Constipation, Skin Diseases and Loss of Appetite.

The Oil in this preparation being partly digested before taken, will usually agree with the most debilitated stomach. Although we manufacture seven other preparations of Cod Liver Oil, we would recommend the above as being superior to either of them. It is very pleasant to administer, compared with the plain Oil, and will be readily taken by children

#### EMULSION OF COD LIVER OIL WITH LACTOPEPTINE AND LIME.

Each ounce of the Emulsion contains 16 grs. Lactopeptine and 16 grs. Phosphate Lime.

#### ELIXIR LACTOPEPTINE.

The above preparation is admirably adapted in those cases where Physicians desire to prescribe Lactopeptine in its most elegant form.

---

*REED & CARRICK manufacture a full line of Sugar Coated Pills.*

---

**BEEF, IRON AND WINE WITH LACTOPEPTINE.**

In those debilitated dyspeptic cases when an Iron Tonic, combined with the strengthening properties of Extract of Beef and Wine are indicated, this preparation will be found most efficacious.

—00—  
**ELIXIR PHOSPHATE OF IRON, QUININE AND STRYCHNIA WITH LACTOPEPTINE.**

There can be no combination more suitable than the above in cases of Nervous and General Debility, attended with Dyspepsia.

—00—  
**ELIXIR LACTOPEPTINE, STRYCHNIA AND BISMUTH.**

A valuable combination in cases of Dyspepsia attended with Nervous Debility.

—00—  
**ELIXIR GENTIAN AND CHLORIDE OF IRON WITH LACTOPEPTINE.**

An elegant and reliable remedy in cases of Dyspepsia attended with General Debility.

—00—  
**SYRUP LACTOPEPTINE COMP.**

Each ounce contains 24 grains Lactopeptine, 8 grains Phosphate of Iron, 8 grains Phosphate Lime, 8 grains Phosphate Soda, and 8 grains Phosphate Potash.

This preparation will be found well suited to cases of General Debility arising from impaired digestion, and also of great value in Pulmonary Affections.

—00—  
**FORMULÆ.**

*The following valuable formulae have been contributed by J. KING MERRITT, M.D., who has used them with great success in his practice :*

**NO. 1.—FOR INTERMITTENT FEVER WITH CONGESTION OF LIVER.**

<b>R</b>	Liquid Lactopeptine, . . . . .	dr. vi.
	Fl. Ex. Cinchona Comp, . . . . .	dr. i.
	Fl. Ex. Taraxacum, . . . . .	—
	Tinct. Zingiber, . . . . .	aa dr. iii.
	Hydrochloric Acid Dilut., . . . . .	dr. i.
	Spts. Lavender Comp., . . . . .	dr. ii.
	Sulphate Quinia, . . . . .	grs. xl.

**M. Dose.**—One teaspoonful every two or three hours.

**Sig.**—Quinine mixture or tonic mixture.

**REMARKS.**

This mixture should be taken every two hours in the case of a quotidian attack, as soon after the subsidence of the paroxysms as the stomach will accept it, or even during the sweating stage, if the stomach is not especially irritable, and should be continued until the hour of anticipated paroxysms at the same rate, except during the night, from 10 P. M. to 4 A. M., as a general rule. Six to eight doses to be taken during the first interval, and if the attack does not recur, then continue the mixture daily for one week, at a rate diminished by one hour each day.

**NO. 2.—FOR INTERMITTENT FEVER WITH IRRITABLE STOMACH.**

<b>R</b>	Liquid Lactopeptine, . . . . .	dr. vi.
	Fl. Ex. Cinchona Comp, . . . . .	dr. i.
	Tinct. Zingiber, . . . . .	dr. iii.
	Spts. Lavender Comp, . . . . .	dr. v.
	Aromatic Sulphuric Acid, . . . . .	dr. i.
	Essence Menth, Pip. or Gaultheria, . . . . .	gtts. x.
	Sulphate Quinia, . . . . .	grs. xl.

**M. Dose.**—One teaspoonful with water *ad libitum* every two or three hours, as in Formula No. 1, and in accordance with the type of the attack. Begin at the rate indicated;

*All our goods are of guaranteed strength and uniformity.*

that is, if "Tertian," every three hours, and then after first interval, if the paroxysm does not recur, continue mixture at a diminished rate each succeeding day, as indicated in remarks appended to Formula No. 1, to wit: by increasing the period of time between each dose of medicine an hour every day until a week has passed, when the frequency of a dose will be reduced to three times a day, at which rate it should be continued until complete restoration of appetite and strength.

NO. 3.—FOR MALARIAL DYSPEPSIA.

<b>R</b>	Liquid Lactopeptine,	dr. fl. vi.
	Fl. Ex. Cinchona Com.,	—
	Tinc. Nux. Vomica,	ss dr. xi.
	Spts. Lavender Comp.,	oz. ss.
	Hydrocyanic Acid Dilut,	dr. ss.
	Syr. Aromatic Rhubarb,	oz. ss.
	Sulphate Quinine,	dr. ss.

**M. Dose.**—One tablespoonful with water *ad libitum* at meals (before or after), and at bed time if required; also, use in addition after the meals full doses of Pulv. Lactopeptine with Spts. Lavender Comp. and Lime Water, in case the patient should suffer from positive signs of indigestion, although the dose of Formula No. 3 has already been taken at the meal time, either immediately before or after eating, in accordance with the rule or foregoing instruction.

NO. 4.—FOR CHRONIC DIARRHŒA.

<b>R</b>	Liquid Lactopeptine,	dr. vi.
	Liq. Opil. Comp. (Squibbs'),	dr. iii.
	Nitric Acid Dilute; or, Aqua Regia Dilut.,	dr. i.
	Syr. Aromatic Rhubarb,	dr. ii.
	Pulv. Nit. Bismuth,	dr. ss.
	Aqua Camph.,	oz. ss.

**M. Dose.**—One tablespoonful with water after each flux from bowels, and as a rule, at bed time, even if the diarrhœa is apparently checked at that hour, and this rule, should be persisted in for two or three days, or until the diarrhœal tendency has been entirely subdued.

—oo—

PEPSIN—PANCREATINE—DIASTASE.

In addition to LACTOPEPTINE we manufacture PEPSIN, PANCREATINE and DIASTASE. They are put up separately in one ounce and pound bottles.

They will be found equal in strength with any other manufacture in the world.

They are all presented in a saccharated form, and are therefore very palatable to administer.

COMP. CATHARTIC ELIXIR.

*The only pleasant and reliable Cathartic in liquid form that can be prescribed.*

Each fl. oz. contains:

Sulph. Magnesia,	1 dr.
Senna,	2 "
Scammony,	6 grs.
Liquorice,	1 dr.
Ginger,	3 grs.
Coriander,	5 "

With flavoring ingredients.

**Dose.**—Child five years old, one or two teaspoonfuls; adult, one or two tablespoonfuls.

This preparation is being used extensively throughout the country. It was originated with the design of furnishing a liquid Cathartic remedy that could be prescribed in a palatable form. It will be taken by children with a relish.

MAINE INSANE HOSPITAL, AUGUSTA, Feb. 25th, 1875.

I am happy to say that we are much pleased with the Compound Cathartic Elixir. It has, so far, proved the best Liquid Cathartic we have ever used in our Institution. It acts effectively and kindly, without irritation or pain. H. M. HARLOW, M. D.

*All our goods are of guaranteed strength and uniformity.*

*Private Formulas of Pills or other preparations made to order.*

**Strychnia Compound Pill.**

Strychnia, - - - 1-100 grain.  
 Phosphorus, - - - 1-100 "  
 Ex. Cannabis Indica, 1-16 "  
 Ginseng, - - - 1 "  
 Carb. Iron, - - - 1 "

*Dose*—One to two.

A reliable and efficient Pill in Ana-  
 prodisia, Paralysis, Neuralgia, Loss of  
 Memory, Phthisis, and all affections of  
 the Brain resulting from loss of Nerve  
 Power. Price, 80 cents per hundred.  
 Sent by mail, prepaid, on receipt of price.

**Hæma, Quinia and Iron Pill.**

Ext. Blood, - - - 2 grains.  
 Quinine Sulph., - - 1 grain.  
 Sesqui Oxide Iron, - - 1 "

*Dose*—One to three.

Price, \$2.00 per hundred.

Sent by mail, prepaid, on receipt of price.

**HÆMA PILLS.**

We beg to present to the Medical Profession for their special consideration our  
 several preparations of Blood Pills. The use of Blood medicinally, and the importance of  
 its administration in a large class of diseases, has arrested the attention of many of the  
 leading Physicians of Europe, and has received their warmest attestation. Prominent  
 among these may be mentioned Prof. Panum, of the University of Copenhagen, who is  
 using it with great success in the hospital of that city.

At the abattoir in this city, Boston, and in every part of the country, there can be  
 seen numerous persons afflicted with Pulmonary Affections, Chlorosis, Paralysis, Anemia,  
 and other ailments, who are daily drinking the blood of the ox, and many with more  
 benefit than they have derived from any other source.

The blood used by us being *Arterialized Male Bovine only*, is secured as it flows from  
 the animal in a vacuum pan, and the watery portion (85 per cent.), eliminated at a tem-  
 perature not exceeding 100° F., the remaining mass, containing every constituent of the  
 blood, being the base of our preparations.

**HÆMA (Ext. Blood), 4 grs.**

*Dose*.—Two to four  
 90 cts. per hundred.

**HÆMA COMP.**

Ext. Blood, 2 grs.  
 Lacto-Phosphate Lime, 1 gr.  
 Pepsin, 2 gr.

*Dose*.—One to three.  
 \$1.50 per hundred.

**HÆMA, QUINIA, IRON AND  
 STRYCHNIA.**

Ext. Blood, 2 grs.  
 Quinine Sulph., 1 gr.  
 Sesqui Oxide Iron, 1 gr.  
 Strychnine, 1-75 gr.

*Dose*.—One to three.  
 \$2.00 per hundred.

Samples sent to Physicians, postage prepaid, on receipt of price.

**LACTOPEPTINE** and most of our leading preparations can be obtained from  
 the principal Druggists of the United States.

**SUGAR COATED PILLS, TROCHES AND POWDERS CAN BE SECURELY SENT  
 BY MAIL.**

**Price of LACTOPEPTINE by Mail.**

One ounce sent by mail, prepaid, on receipt of . . . \$1 00  
 One pound " " " " " " . . . 13 00

A fraction of an ounce or pound sent by mail on receipt of corresponding price.

We guarantee all goods of our manufacture.

In ordering, please designate R. & C.'s manufacture.

Send for PRICE LIST, DOSE BOOKS and DISCOUNTS.

OCT. 15TH, 1875.

Respectfully,

**REED & CARRICK, Manufacturing Pharmacists.**

# UNIVERSITY OF LOUISVILLE

## MEDICAL DEPARTMENT.

### SPRING AND SUMMER SESSION OF 1876.

The Spring and Summer Session of 1876 in the Medical Department of the University of Louisville will commence on March 5th and continue till July 1st, with the following

#### CORPS OF INSTRUCTORS:

On Venereal Diseases and Diseases of the Skin, . . .	BY PROF. L. P. YANDELL, JR.
On Ophthalmic and Aural Diseases, . . . . .	BY PROF. J. M. BODINE.
On Clinical Diseases of the Chest and Physiology, .	BY PROF. E. R. PALMER.
On Public Hygiene, . . . . .	BY PROF. T. S. BELL.
On Clinical Diseases of Women, . . . . .	BY PROF. JOHN E. CROWE.
On Clinical Surgery, . . . . .	BY PROF. D. W. YANDELL.
On Materia Medica, . . . . .	BY PROF. J. W. HOLLAND.
On Surgery, . . . . .	BY PROF. R. O. COWLING.
On Practice of Medicine, . . . . .	BY DR. W. O. ROBERTS.
On Anatomy, . . . . .	BY DR. H. A. COTTELL.
On Chemistry, . . . . .	BY DR. G. H. ANDERSON.
On Obstetrics, . . . . .	BY DR. W. H. LONG.
On Diseases of Children, . . . . .	BY DR. R. B. GILBERT.
On Physiology, . . . . .	BY DR. J. H. O'REILLY.

Didactic Lectures will be given upon the Specialties of Medicine and Surgery, but the essential feature of this course will be **CLINICAL INSTRUCTION** and **RECITATIONS** from the text-books, it being the design of the Faculty to give the student advantages much superior, as has been demonstrated, to those obtained by ordinary office instruction.

In the illustration of the various courses, the **MUSEUM, LIBRARY** and **APPARATUS** of the University will be used.

**Examinations and Clinical Instruction.**—Daily examinations on all the branches of Medicine will be held by the various members of the Faculty.

The University Dispensary, situated upon the college grounds, supported by the Faculty and under its exclusive control, is the only institution of the kind in the city of Louisville which has existed for any number of years. It has obtained the confidence of the sick poor of this city, and its rooms, especially during the milder months, are daily crowded with patients illustrating all varieties of disease.

The Faculty have also access to the Louisville City Hospital, an institution which contains more than two hundred beds, and the Hospital of St. Mary and Elizabeth. From these sources an inexhaustible supply of Clinical material is obtained.

Prof. D. W. YANDELL holds his regular Surgical Clinic twice a week; Prof. JOHN E. CROWE twice a week, upon the Diseases of Women; Prof. L. P. YANDELL, JR., twice a week, upon Clinical Medicine; Prof. BODINE twice a week, upon Diseases of the Eye and Ear; Prof. PALMER twice a week, upon Diseases of the Heart and Lungs; Prof. COWLING twice a week, upon Surgery; all at the University.

Advanced Students will be given obstetrical cases and cases in out-door practice to attend.

The Spring and Summer Course of the University is designed to be supplementary to the Regular Winter Course. Attendance upon it is voluntary and does not count as a session, but students who attend it are furnished with certificates, which will be taken as additional evidence of proficiency in candidates applying for the Medical Degree of the University.

It will be seen that the entire Faculty of the medical Department of the University, together with a valuable corps of assistants, are engaged in the Spring Course, and they pledge their best labors to insure its success.

The Fee for the full Course is \$25.00, and entitles the holder to his Matriculation Ticket for the ensuing Regular Winter Session.

For further information address

W. O. ROBERTS, M. D.,  
Dean of University Summer School,  
263 W. Walnut St., LOUISVILLE.



# CINCHO-QUININE.

CINCHO-QUININE, which was placed in the hands of physicians in 1868, has been tested in all parts of the country, and the testimony in its favor is decided and unequivocal.

It contains the important constituents of *Peruvian Bark*, Quinia, Quinidia, Cinchonina and Cinchonidia, in their alkaloidal condition, and no external agents.

UNIVERSITY OF PENNSYLVANIA, Jan. 22, 1875.

"I have tested CINCHO-QUININE, and have found it to contain *quinine, quinidine, cinchonine, and cinchonidine.*"

F. A. GENTH, Prof. of Chemistry and Mineralogy.

LABORATORY OF THE UNIVERSITY OF CHICAGO, February 1, 1875.

"I hereby certify that I have made a chemical examination of the contents of a bottle of CINCHO-QUININE, and by direction I made a qualitative examination for *quinine, quinidine, and cinchonine*, and hereby certify that I found these alkaloids in CINCHO-QUININE."

C. GILBERT WHEELER, Professor of Chemistry.

"I have made a careful analysis of the contents of a bottle of your CINCHO-QUININE, and find it to contain *quinine, quinidine, cinchonine, and cinchonidine.*"

S. P. SHARPLES, State Assayer of Mass.

In no other form are combined the important alkaloidal principles of Bark, so as to be accessible to medical gentlemen.

In it is found Quinidia, which is believed to be a better anti-periodic than Quinia; and the alkaloids acting in association, unquestionably produce favorable remedial influences which can be obtained from no one alone.

In addition to its superior efficacy as a tonic and anti-periodic, it has the following advantages which greatly increase its value to physicians:—

1st. It exerts the full therapeutic influence of Sulphate of Quinine, in the same doses, without oppressing the stomach, creating nausea, or producing cerebral distress, as the Sulphate of Quinine frequently does, and it produces much less constitutional disturbance.

2d. It has the great advantage of being nearly tasteless. The bitter is very slight, and not unpleasant to the most sensitive, delicate woman or child.

3d. It is less costly; the price will fluctuate with the rise and fall of barks, but will always be much less than the Sulphate of Quinine.

4th. It meets indications not met by that Salt.

Middlebury, Pa.

April 13, 1875.

Gentlemen: I cannot refrain from giving you my testimony regarding CINCHO-QUININE.

In a practice of twenty years, eight of which were in connection with a drug store, I have used Quinine in such cases as are generally recommended by the Profession. In the last four or five years I have used very frequently your CINCHO-QUININE in place of Quinine, and have never been disappointed in my expectations.

JNO. Y. SHINDEL, M.D.

We will send a sample package for *trial*, containing fifty grains of CINCHO-QUININE, on receipt of twenty-five cents, or one ounce upon the receipt of one dollar and sixty cents, post paid. Special prices given for orders amounting to one hundred ounces and upwards.

WE MANUFACTURE CHEMICALLY PURE SALTS OF

Arsenic, Ammonium, Antimony, Barium, Bromine, Bismuth, Cerium, Calcium, Copper, Gold, Iodine, Iron, Lead, Manganese, Mercury, Nickel, Phosphorus, Potassium, Silver, Sodium, Tin, Zinc, etc.

Price List and Descriptive Catalogue furnished upon application.

**BILLINGS, CLAPP & CO., Manufacturing Chemists,**

(SUCCESSORS TO JAS. R. NICHOLS & CO.)

BOSTON, MASS.



Gents: It may be of some satisfaction to you to know that I have used the alkaloid for two years, or nearly. In my practice, and I have found it reliable, and *all* I think that you claim for it. For children and those of irritable stomachs, as well as those too easily quinsized by the Sulphate, the Cincho acts like a charm, and we can hardly see how we did without it so long. I hope the supply will continue.

Yours, with due regard,

J. R. TAYLOR, M.D., Kosse, Texas

I have used your CINCHO-QUININE exclusively for four years in this malarial region.

It is as active an anti-periodic as the Sulphate, and more agreeable to administer. It gives great satisfaction.

H. C. CASE, M.D., Louisville, Ky.

I have used the CINCHO-QUININE ever since its introduction, and am so well satisfied with its results that I use it in all cases in which I formerly used the Sulphate; and in intermittents it can be given during the paroxysm of fever with perfect safety, and thus lose no time.

W. E. SCHENCK, M.D., Pekin, Ill.

I am using CINCHO-QUININE, and find it to act as reliably and efficiently as the Sulphate.

In the case of children, I employ it almost exclusively, and deem its action upon them more beneficial than that of the time-honored Sulphate.

W. C. SCHULTZ, M.D., Marengo, Iowa.

CINCHO-QUININE in my practice has given the best of results, being in my estimation far superior to Sulphate of Quinine, and has many advantages over the Sulphate. G. F. GALLS, M.D., Northampton, Mass.

Your CINCHO-QUININE I have used with marked success. I prefer it in every way to the Sulphate.

D. MACKAY, M.D., Dallas, Texas.

# Office of W. M. S. MERRELL & Co.

Manufacturing Pharmacists & Chemists,

CINCINNATI, March, 1877.

## To the Medical Profession, and the Drug Trade:

The efforts of our house, during a period of nearly thirty years, have been directed toward the improvement of the *Materia Medica*, by direct investigation into the *nature* of remedies and their action; whereby preparations manufactured for the *use of the Profession* may be more *definite* and *reliable*. The result of our long experience, aided by all the appliances of a well-regulated Laboratory, has been the presentation in eligible form, of many of the most important medicinal agents now in use; rejecting, as almost worthless, many preparations previously sold, and substituting others more perfectly representing the Drugs from which they are obtained.

The following pages embrace a general description of our leading specialties, all of which may be obtained through the Wholesale or Retail Trade, or direct from us, in quantities to suit.

**Fluid Extracts**—The peculiar excellence of these preparations is assured by careful selection of the *crude material*, and the employment of processes by which the product more fully represents the Drug, in the proportion of *minim* for *grain*, than by the usual forms of manipulation.

**New Remedies**—Our list will embrace all the important Remedial Agents, as rapidly as they are brought to the notice of the profession.

Attention is especially called to the following preparations in the Fluid form, many of them recently introduced and others of tried value:

**FLUID EXT. EVENING PRIMROSE**—Recommended for Indigestion, Constipation, Erysipelas, Uterine troubles, and general Female complaints

**FLUID EXT. PENTHORUM SEDOIDES**—For Chronic Catarrh.

**FLUID EXT. XANTHIUM SPINOSUM**—Recommended as a cure for Hydrophobia.

**FLUID EXT. DAMIANA**—A powerful Aphrodisiac.

**FLUID EXT. COCA**—Valuable as a nervous excitant.

**FLUID EXT. JABORANDI**—Sudorific and Sialogogue.

**FLUID EXT. GRINDELIA ROBUSTA**—An antidote to poisoning by Rhus.

**FLUID EXT. YERBA SANTA**—Used in Laryngitis, Chronic Bronchitis, etc.

**FLUID EXT. GUARANA**—For Sick Headache, etc.

**FLUID EXT. GELSEMIUM**—Prepared entirely from Green Root.

**FLUID EXT. GOSSYPIMUM**—Prepared from Green Bark of Root.  
Specific use—Parturient and Emmenagogue.

**FLUID EXT. MACROTYS**—Prepared from Green Root.

**FLUID EXT. EPILOBIUM PALUSTRE**—Especially useful in Chronic Diarrhœa and Dysentery.

**FLUID EXT. POLYMNIA UVEDALIA**—Specific for Enlarged Spleen and for White Swellings, used in the form of an ointment.



**Alkaloids and Resinoids**—We were the first to introduce this class of remedies, and our articles have always sustained a high place in the estimation of Physicians.

**Podophyllin—Resina Podophylli**—Originally introduced to the Profession by our Senior, WM. S. MERRELL, in 1847. The great demand for this article, both in this country and in Europe, and the low price at which it is sold, has led to sales by some parties, of an article very deficient in therapeutic action. Evidence of this has recently been brought to our notice in this city, where five and ten-grain doses failed to produce the slightest effect. We find by investigation, however, that the difficulty may be attributed to the failure to rid their product of natural impurities, rather than to actual adulteration.

**Leptandrin**—Containing the medicinal properties of the root in its most concentrated form. The following extract from a letter recently received and now on file in our office, expresses the general approval with which this preparation is received.

"I like your Leptandrin better than any other I have ever dispensed, giving much better satisfaction to the Physician, and in ordering I always specify WM. S. M. & Co. Leptandrin."

Parties ordering **PODOPHYLLIN, LEPTANDRIN, MURIATE, SULPHATE and PHOSPHATE HYDRASTIA, NITRATE SANGUINARINA**, etc., should see that the preparations of WM. S. M. & Co. are specified in their orders. They can be obtained in all important trade centres throughout the country.

**Ethereal Oils**—(by ETHER) of **CAPSICUM, MALE FERN, STILLINGIA, and LOBELIA.**

This is a valuable form for administering these Agents, each minim or grain representing about 10 grains of the Crude Drug.

**Tincture Gelsemium**—(Green Root only used.)

**PROPERTIES AND USES**—Specifically, an all-controlling relaxant of the muscular tissues. Useful in Convulsions, Tetanus, Stricture, Chorea, Nervous and Billious Headache, and other spasmodic affections; also in irritability and nervous excitement. A most valuable remedy in all Fevers, especially as an adjunct to Quinine, in intermittents.

**APPROXIMATE DOSE**—10 to 30 drops, repeated and increased with caution.

In ordering, specify "WM. S. M. & Co.—in pint bottles," to insure an article prepared entirely from GREEN ROOT.

**Tincture Veratrum Viride**—(Green Root only used) 6 oz. bottles; same strength as NORWOOD'S.

**PROPERTIES AND USES**—Specifically, a powerful and superior Arterial Sedative, controlling the action of the Heart, reducing the pulse and removing obstructions to the circulation. As a diaphoretic, it is unsurpassed by any other article in the Materia Medica; while as an Expectorant, Emetic and Alterative, (in small doses,) it possesses valuable properties; and for which it stands unrivalled as a Therapeutic Agent. As a nerveine it is of great value in the treatment of such diseases as are accompanied with Spasmodic Action, Convulsions, morbid irritability; as in Chorea, Epilepsy, Pneumonia, Puerperal Fever, Neuralgia, Rheumatism, and all Inflammatory and Febrile diseases.

**APPROXIMATE DOSE**.—In Inflammatory Diseases.—For an adult, begin with from 3 to 6 drops, every 2 or 3 hours, and gradually increase the dose until the pulse is reduced; then in smaller doses. **DOSE** for children, from 1 to 3 drops, increased cautiously.

**Tincture Cactus Grandiflora**—Prepared from the green plant of the True-Night Blooming Cereus.—A new Remedy in functional diseases of the heart. Owing to the many varieties of Cactean Plants, and the disposition of some manufacturers to use them indiscriminately in the preparation of this Tincture, physicians should be careful to order from reliable sources only.

**Sugar-Coated Pills**—In every instance the U. S. P. and other standard Formulas are strictly followed. *No article is omitted or modified* on account of increased cost, and such excipients only are employed as will *ensure ready solubility* and prompt action.

Special attention given to the manufacture of Pills from Private Formulas, in quantities not less than 3,000 at one time.

Valuable Formulas, including important additions recently made to our list.

		PRICE PER 100
Aperient	{ Extract Nux Vom. .... " Hyocyam, .... " Coloc. Co., .... }	Dose, 1 to 2 ..... \$ 85
Anti Constipation, (Houser)	{ Ex. Belladonna, $\frac{1}{4}$ gr. " Nux Vom., $\frac{1}{2}$ " " Coloc. Co., .... 2 " Podophyllin, .... 1-10 "	Dose, 1 to 2 ..... 75
Emmenagage, Improved	{ Ergotine, .... 1 gr. Ex. Hellebore Nig, 1 g Aloes Soc., .... 1 " Iron Sul., .... 1 " Oil Savin, .... $\frac{1}{2}$ "	Dose, 1 to 3 ..... 1 40
Ergotine, 1 grain		1 00
Extract Guarana, 8 grains, Dose 2 to 3		3 00
Iodoform and Iron	{ Iodoform, .... 1 gr. Iron, .... $\frac{1}{2}$ "	Dose, 1 to 2 ..... 2 00
Iridin, (Oleo Resin) 1 grain, Dose 1 to 3		00
Prepared from the purple variety of the Blue Flag, and a perfect preparation of this valuable agent, employed in all diseases where there is bad blood and imperfect nutrition. An important remedy in the treatment of secondary syphilis.		
Neuralgia, (Gross)	{ Quinia Sul., .... 2 gr. Morphia Sul., 1-20 " Strychnia, .... 1-30 " Acid Arseni's 1-20 " Ex. Aconite, .... $\frac{1}{2}$ "	Dose, 1 to 2 ..... \$ 50
Neuralgia, (Brown-Sequard)	{ Ex. Hyocyam, $\frac{1}{2}$ gr. " Conium, .... $\frac{1}{2}$ " " Ignatia, .... $\frac{1}{2}$ " " Opium, .... $\frac{1}{2}$ " " Aconite, .... $\frac{1}{2}$ " " Cannab., .... $\frac{1}{2}$ " " Stram., .... 1-3 " " Belladon., 1-6 "	Dose, 1 pill ..... 2 00
Phosphorus Compound	{ Phosphorus 1-100 gr. Ex. Nux Vom., $\frac{1}{2}$ "	1 25
Phosphorus Compound, with Iron	{ Phosphorus 1-100 gr. Ex. Nux Vom., 1 " Ferra Phosph., $\frac{1}{2}$ "	1 25
Phosphorus, 1-50 grain and 1-100 grain		1 00
The Pill form is acknowledged to be the best medium for exhibiting this important remedy. By the process employed by us the Phosphorus is thoroughly incorporated, and remains in the free state for an indefinite period.		
Quinia Compound	{ Quinia Sul., .... 1 gr. Fer. i Carb. (Val- lett's) .... 2 " Acid Arsenious 1-60 g	Dose, 1 to 2 ..... 2 45
Quinia, Iron & Strych.	{ Quinia Sul., .... 1 gr. Proto Carb of Iron, .... 2 " Strychnia, .... 1-60 "	Dose, 1 to 2 ..... 2 45
Salicylic Acid, $2\frac{1}{2}$ grains		75
Valuable in Rheumatism, and extensively used as an antiseptic.		
Swapnia, 1 grain		2 50
Podophyllin and Hydrastia	{ Podophyllin, 1-20 gr. Hydrastia, .... $\frac{1}{2}$ "	
Formula Dr. Scudder, Ec. Med. Journal, Feb. number.		
Phosphide Zinc and Ext. Nux Vomica	{ Phosphide Zinc, 1-10 gr. Ex. Nux Vom., $\frac{1}{2}$ "	1 00

## FLUID EXTRACTS and "SPECIFIC MEDICINES."

Extract from a letter recently received by us from DR. E. G. VAN CISE, of Mt. Pleasant, Iowa, one of the oldest and most prominent Eclectic Physicians in the West.

MESSRS. WM. S. MERRELL & CO.  
Cincinnati.

MT. PLEASANT, IOWA, March 3d, 1877.

Dear Friends:—I have, for many years, been buying a good many Drugs and Medicines from you, and have almost invariably found them good and reliable. . . . We have secured a fair Trade, by keeping reliable Medicines and I write at this time for information on one important point, which is: what difference is there in the strength, if any, between your Fluid Extracts and the "Specific Medicines" sold in your city? I have been told that if a person called on you for a Specific Medicine or Tincture, you furnished it out of your "Fluid Extract" bottle, but had to charge more for using the word "Specific." If this is so, I want to know it for my own satisfaction, and that of others who depend upon me for keeping the best Preparations. Please be candid, as it is a matter of importance. . . .

Please, also, send me your latest Prices Current of all the *New Remedies*, as well as the old, and oblige

Your Friend,

E. G. VAN CISE, M. D.

### OUR REPLY.

DR. E. G. VAN CISE,  
Mt. Pleasant, Iowa,

CINCINNATI, March 6, 1877.

Dear Sir:—We have your valued favor of 3d inst. and as the questions referred to us are of interest to the entire Profession, and have, on different occasions, been asked by others, we will take this opportunity to present our views somewhat at length; and in so doing, will endeavor to meet your questions in the same spirit of candor as they are written.

The strength adopted by us in the manufacture of *Fluid Extracts*, is the standard of the improved formulas of the United States Pharmacopoeia, which is, that a given quantity, say one pint of *Fluid Extract* shall contain all the medicinal virtues of sixteen troy ounces of the Drug which it represents, or that each *minim* shall represent one grain of the crude medicine.

We do not, however, claim that all our Fluid Extracts are official, because they are not made in accordance with official processes; the objects of which, are to obtain preparations which fully represent the Drug, in the above proportion; but since we have found, by investigation, that the end is more perfectly accomplished by other and more improved methods, we feel that a departure from the established processes cannot be censured. We are convinced, by an experience of many years in its use, that our method of *maceration and percolation* under atmospheric pressure, enables us to offer preparations which more fully represent the Drug in the proportion of *minim* for *grain* than can be obtained by the usual forms of manipulation, and this standard degree of concentration is attained without the use of heat at any stage of the process.

Another important modification, and that which gives to our Fluid Extracts their distinctive character, is the use of Alcohol of a higher degree of strength than is prescribed by the official process. It is by this means only, that the medicinal elements of many articles of the Vegetable Materia Medica can be eliminated from their connection with the Extractive and other inert matters with which they are combined, and be preserved in the form of a Fluid Extract.

The quality of the crude material is an important consideration, and one to which the most careful attention is given. This market possesses unusual advantages in the collection of Indigenous Drugs; and our intimate knowledge of the different sources of supply, and the wants of our Trade, enables us to so regulate our purchases, that each year's stock is replenished with articles of new crop, gathered at the proper season, especially for our account; thereby obviating the necessity of using old and comparatively inert material in the manufacture of our preparations.

In the manufacture of Fluid Extracts from articles of foreign growth, we have found a wide difference in the character and quality of Drugs as purchased in the open market from importers; and in order to overcome this objection, we are importing direct, the more staple articles, such as Aconite, Hyoscyamus, Belladonna, (Root and Herb) Digitalis, Conium Leaves and Seed, and many others. All articles such as Bryonia, Pulsatilla, Rhus Tox, Dros-  
era, &c., which should be manufactured while fresh, are imported by us, in the form of Tinctures, from the well known house of Gehe & Co., in Dresden.

Gelsemium, Veratrum, Cimicifuga, Collinsonia, Phytolacca, and all other articles which are known to be deteriorated by the process of drying, are prepared from the freshly gathered Drug. We claim, therefore, that our *Fluid Extracts* possess all the advantages which can be claimed for any Fluid Preparations. *Definite strength, from carefully selected material, scientifically prepared*, are characteristics which can not be too highly appreciated.

Relative to the *strength* of "Specific Medicines" or Tinctures, as they are called; we derive our information principally from Dr. Scudder's Work on Specific Medication; and are aware that the parties especially interested in their manufacture and sale have always claimed this work and its formulas as their authority. The instructions laid down therein, are very clear and simple, and are intended, as the author states, for the guidance of those Physicians who prefer to manufacture their own medicines, but whose facilities are necessarily imperfect; hence he says:

"In office pharmacy I have advised the strength to be *eight oz.* of the *crude* material to the *pint of alcohol*, because it is more easily manipulated by one who is *not expert*. All the formulas in this Work are of this strength, for every remedy named may be prepared in the office."

We learn, however, from the same author, in remarking upon the strength of *Fluid Remedies*, that

"A remedy is desirable in proportion as it is easily carried, and dispensed, (leaving out of the question its medicinal action); hence, *concentration* becomes an important element in Pharmacy. A skilled manufacturer, who has the proper appliances, has no difficulty in removing all the medicinal properties from vegetable products, so that one *Troy ounce* of crude material will be contained in one *fluid ounce* of the Tincture."

From the above, and other passages, we are led to infer, that while the writer considers that preparations of the *definite* and *standard* strength are to be preferred, when properly made, he recommends the preparation of articles of one-half the strength when manufactured by those who have not the proper skill and facilities to carry out the more difficult process. Our conclusion is, therefore, that the "Specific Medicines" or "Tinctures" sold in the market, should be made in strict accordance with the instructions laid down in this Work; and if so, the Fluid Preparations under this name, are, with few exceptions, but *one half the strength* (medicinally) of our *Fluid Extracts*.

And now, in reply to the following extract from your letter:

"I have been told that if a person called on you for a *Specific Medicine* or *Tincture*, you furnished it out of your Fluid Extract bottle, but had to charge more for using the word 'Specific', etc."

We have for a long time been aware that statements of this kind have been industriously circulated in relation to our house; but we have not considered them of sufficient importance to give them more than a general explanation to such friends as have kindly brought them to our notice. In this instance, however, the question has assumed such a shape; and such a comparison has been made, as to require a more extended review of the whole subject; in order that the Profession at large may be fully advised of our position.

Permit us, therefore, to ask you to examine with us, what articles are sold under the name of "Specific Medicines,"—and in so doing, we will again turn to the Work on "Specific Medication," in order that you may see the facts more clearly as we present them.

We have shown that the strength of *most* of these remedies is to be *eight oz.* of the crude material to the pint of alcohol; or *one-half* the strength of our Fluid Extracts. But other agents are recommended, in the form of German Tinctures; and of still another class, Fluid Extracts (*i. e.* preparations representing *sixteen* Troy ounces to the pint) are the favorite form of administration. All these (and a number of remedies in other forms) are included under

the general class called "Specific Medicines." In the face of *these facts*, gathered from the highest authority on the subject, we ask the attention of the Profession to the following announcements, which have often appeared at the head of an advertisement in the Ec. Med. Journal. Physicians may draw their own conclusions.

"The medicines bearing these labels will be uniform in manufacture and strength."

"Fluids will be made from recent and carefully selected crude articles, and of the strength of one ounce troy to the fluid ounce."

Reviewing this contradictory evidence, we are not surprised that such enquiries as yours are made, with regard to the nature and strength of preparations. It will require but a short investigation, in the direction of this letter, to show that the "Specific Medicines," or "Tinctures," are *not* uniform, either in "*manufacture or strength*," nor are they, with very few exceptions, prepared "of the strength of one ounce troy to the fluid ounce."

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In conclusion, we must say in explanation, that this is written in justice to *ourselves*; and it must *not* be inferred that we are opposed to any reform which carries *progress* with it. We will zealously advocate any change in the form or method of manufacturing preparations in our line, which indicates real improvement. The interests of the Physician and the Manufacturing Pharmacist and Chemist are mutual, and we consider it seriously objectionable to introduce changes and multiply forms, which, while they are productive of trouble and annoyance to the former, are innovations which bring with them no real advantage.

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☞ The Session of 1876-77 will commence October 4, 1876, and terminate February 27, 1877.

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E. R. PALMER, M. D.....	Professor of Physiology and Physical Diagnosis.
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JOHN E. CROWE, M. D.....	Prof. of Obstetrics and Diseases of Women and Children.
J. W. HOLLAND, M. D.....	Professor of Materia Medica and Medical Chemistry.
D. W. YANDELL, M. D.....	Prof. of the Sci'ce and Art of Surgery and Cli'cal Surgery.
R. O. COWLING, M. D.....	Prof. of Surgical Pathology and Operative Surgery.
W. O. ROBERTS, M. D.....	Demonstrator of Anatomy.

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Professor's Tickets, in full.....	\$50 00	Matriculation Fee.....	\$ 5 00
Demonstrators' Ticket.....	10 00	Graduation Fee.....	30 00
Hospital Ticket (required by City), \$5 00.			

The regular Session will commence on the first Monday in October, and continue until the 1st of March.

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The Preliminary Autumnal Term for 1876-1877 will open on Wednesday, September 13, 1876, and continue until the opening of the Regular Session. During this term, instruction, consisting of didactic lectures on special subjects and daily clinical lectures, will be given, as heretofore, by the entire Faculty. Students expecting to attend the Regular Session are strongly recommended to attend the Preliminary Term, but attendance during the latter is not required. During the Preliminary Term, clinical and didactic lectures will be given in precisely the same number and order as in the Regular Session.

The Regular Session will commence on Wednesday, September 27, 1876, and end about the first of March, 1877.

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A distinctive feature of the method of instruction in this College is the union of clinical and didactic teaching. All the lectures are given within the Hospital grounds. During the Regular Winter Session, in addition to four didactic lectures on every week-day except Saturday, two or three hours are daily allotted to clinical instruction.

The Spring Session consists chiefly of Recitations from Text-books. This term continues from the first of March to the first of June. During this Session daily recitations in all the departments are held by a corps of examiners appointed by the regular Faculty. Regular clinics are also given in the Hospital and College building.

#### Fees for the Regular Session.

Fees for Tickets to all the Lectures during the Preliminary and Regular Term, including Clinical Lectures.....	\$140 00
Matriculation Fee.....	5 00
Demonstrator's Ticket (including material for dissection).....	10 00
Graduation Fee.....	30 00

#### Fees for the Spring Session.

Matriculation (Ticket good for the following Winter).....	\$5 00
Recitations, Clinics, and Lectures.....	35 00
Dissection (Ticket good for the following Winter).....	10 00

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14th ANNUAL SESSION, 1876-77.

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Demonstrator of Anatomy, H. LENOX HODGE, M. D.; of Surgery, CHARLES T. HUNTER, M. D.; of Practical Chemistry, GEORGE M. WARD, M. D.; of Experimental Physiology, ISAAC OTT, M. D.

Clinical Instruction is given at the University Hospital by the above named Clinical Professors, and also on Diseases of the Eye, Prof. NOBBS; Diseases of the Ear, Prof. STRAWBRIDGE; Nervous Diseases, Prof. H. C. WOOD, JR.; Skin Diseases, Prof. L. A. DUHRING; Morbid Anatomy and Histology, Prof. J. TYSON.

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FEES.—For one full course, \$140; or, for each professor's ticket separately, \$20. Matriculation fee (paid once only), \$5. These fees are payable in advance. Graduation fee, \$30. Letters of inquiry should be addressed to

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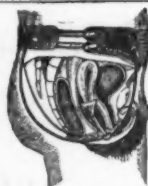
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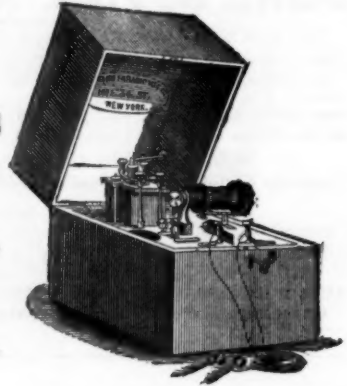
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Its editorial management will remain as heretofore. It is the purpose, however, of the editors to give increased attention to every department of the **American Practitioner**, now entering on the seventh year of its publication, and strive to make it even more worthy than hitherto of the support of the profession. We have perfected arrangements with our former corps of contributors to whose pens the journal has owed its position as one of the leading medical periodicals of the times, and in addition have promised for its pages communications from writers of distinction in almost every part of the country, enabling us to assure our friends that the **ORIGINAL DEPARTMENT** of the **American Practitioner** will be all that could be asked.

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EDITED BY

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*Professor of Surgical Pathology and Operative Surgery in the University of Louisville,*

AND

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No. 73—tf

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EDITED BY  
DAVID W. YANDELL, M. D., AND THEOPHILUS PARVIN, M. D.

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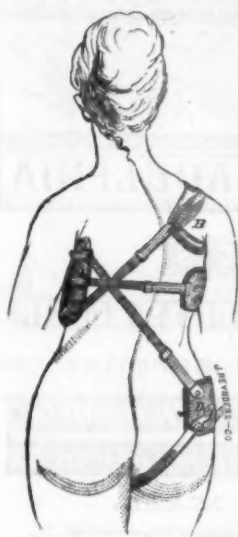
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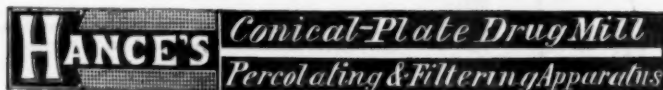
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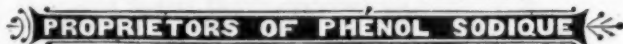
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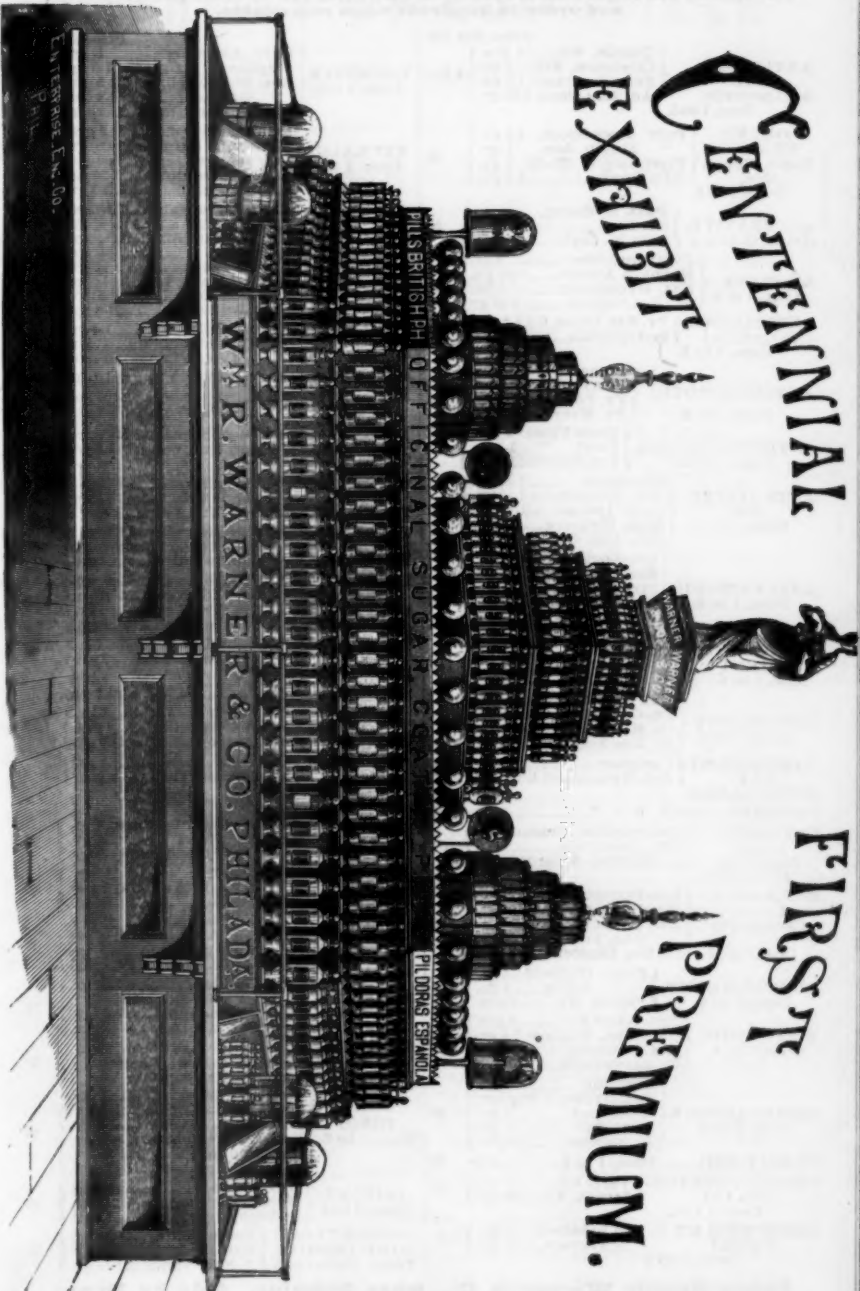
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<b>ALOE ET FERRI</b> Tonic, Purgative. Dose, 1 to 2.	<div> Pulv. Aloes Socot. 1-2 gr. " Zingib. Jam. 1 gr. Ferri Sulph. Exsicc. 1 gr. Ext. Conil. 1-3 gr. </div> 40	<b>NEURALGIC</b> Dose, 1 to 2	<div> Quinte Sulph. 2 gr. Morphia Sulph. 1-20 gr. Strychnia 1-30 gr. Acid Arsenious 1-30 gr. Ext. Aconiti 1-2 gr. </div> \$ 3.00
<b>ALTERATIVE</b> (Dr. C. C. Cox.)	<div> Mass. Hydrarg. .... " Pv. Rhel. .... Soda Bi. Carb. .... aa 1 gr. </div> 50	<b>NEURALGIC</b> (Brown Sequard). Dose, 1 Pill.	<div> Ext. Hyoscyami 1 gr. " Conil. 1 gr. " Ignat. Am. 1 gr. " Opil. 1 gr. " Aconiti 1 gr. " Cannab. 1 gr. " Stramon. 1 gr. " Bellad. 1-6 gr. </div> \$ 3.00
<b>ANODYNE</b> Dose, 1 to 2	<div> Pv. Camphora 1 gr. Morphia Acetat. 1-30 gr. Ext. Hyoscyami 1 gr. Ol. Res. Capsici 1-30 gr. </div> 75	<b>OPIL ET CAMPHO.</b> <b>RE ET TANNIN</b> Dose, 1 to 2.	<div> Pulv. Opil. 1-4 gr. " Camphora 1 gr. Acid Tannic. 1 gr. </div> 80
<b>ANTI-BILIOUS</b> (Vegetable). Dose, 2 to 2.	<div> Pv. Ext. Coloc. C21-3 gr. Podophyllin 1-4 gr. </div> 60	<b>PHOSPHORI</b> Dose, 1 to 2.	<div> Phosphorus 1-100 gr. 1.00 " Phosphorus 1-100 gr. 2.00 " Ext. Nuc. Vomica 1-5 gr. 2.00 " Phosphorus 1-50 gr. 2.00 " Ext. Nuc. Vomica 1-5 gr. 2.00 </div>
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<b>ANTI-DYSPEPTIC</b> Dose, 1 to 2.	<div> Strychnia 1-40 gr. Ext. Belladonna 1-10 gr. Pulv. Ipecac. 1-10 gr. Mass. Hydrarg. 2 gr. Ext. Col. Co. 2 gr. </div> 1.00	<b>QUININÆ ET FERRI</b> Dose, 1 to 2.	<div> Quinins Sulph. 1-30 gr. 1.75 " Strychnia 1-30 gr. 1.75 " Ferri Carb. (Vallet's) 1 gr. 1.75 " Quinins Sulph. 1-30 gr. 1.75 </div>
<b>ANTI-PERIODIC</b> Dose, 1 to 2.	<div> Cinchonidias Sulph 1 gr. Res. Podophyllin 1-30 gr. Strychnia Sulph. 1-30 gr. Gelsemin 1-30 gr. Ferri Sulph. Exsicc. 1-3 gr. Ol. Res. Capsici 1-10 gr. </div> 80	<b>QUININÆ ET FERRI</b> Dose, 1 to 2.	<div> Quinins Sulph. 1-30 gr. 1.75 " Strychnia 1-30 gr. 1.75 " Ferri Carb. (Vallet's) 1 gr. 1.75 " Quinins Sulph. 1-30 gr. 1.75 </div>
<b>APERIENT</b> Dose, 1 to 2.	<div> Ext. Nuc. Vom. 1-3 gr. " Hyoscyami 1-2 gr. " Coloc. C. 2-3 gr. </div> 85	<b>QUININÆ ET FERRI</b> Dose, 1 to 2.	<div> Quinins Sulph. 1-30 gr. 1.75 " Strychnia 1-30 gr. 1.75 " Ferri Carb. (Vallet's) 1 gr. 1.75 " Quinins Sulph. 1-30 gr. 1.75 </div>
<b>ASTRINGENT</b> Dose, 1 to 2.	<div> Ext. Gerani. 2 gr. Pv. Opil. 1-4 gr. Ol. Ment. Pip. 1-30 gtt. Ol. Res. Zingiber 1-30 gtt. </div> 90	<b>QUININÆ ET FERRI</b> Dose, 1 to 2.	<div> Quinins Sulph. 1-30 gr. 1.75 " Strychnia 1-30 gr. 1.75 " Ferri Carb. (Vallet's) 1 gr. 1.75 " Quinins Sulph. 1-30 gr. 1.75 </div>
<b>CAMPHOR ET HYOSCYAMUS</b> Dose, 1 to 2.	<div> Camphor 1 gr. Ext. Hyoscyami Eng 1 gr. </div> 90	<b>QUININÆ ET FERRI</b> Dose, 1 to 2.	<div> Quinins Sulph. 1-30 gr. 1.75 " Strychnia 1-30 gr. 1.75 " Ferri Carb. (Vallet's) 1 gr. 1.75 " Quinins Sulph. 1-30 gr. 1.75 </div>
<b>CATHART. : Comp. U. S. P.</b> Dose, 1 to 2.	<div> Podophyllin, Scammony Comp. Colocynth. Vegetable. Aloes. Soap &amp; Cardamon. </div> 90	<b>QUININÆ ET FERRI</b> Dose, 1 to 2.	<div> Quinins Sulph. 1-30 gr. 1.75 " Strychnia 1-30 gr. 1.75 " Ferri Carb. (Vallet's) 1 gr. 1.75 " Quinins Sulph. 1-30 gr. 1.75 </div>
<b>CATHART. : Comp. Cholagogue</b> Dose, 1 to 2.	<div> Res. Podophyllin 1-3 gr. Pil. Hydrarg. 1-4 gr. Ext. Hyoscyami 1-5 gr. " Nuc. Vom. 1-16 gr. Ol. Res. Capsici 1-5 gtt. </div> 90	<b>QUININÆ ET FERRI</b> Dose, 1 to 2.	<div> Quinins Sulph. 1-30 gr. 1.75 " Strychnia 1-30 gr. 1.75 " Ferri Carb. (Vallet's) 1 gr. 1.75 " Quinins Sulph. 1-30 gr. 1.75 </div>
<b>DIGITALIS COMP.</b> Dose, 1 to 2.	<div> Pulv. Digitalis 1 gr. " Scilla 1 gr. Potass. Nit. 3 gr. </div> 90	<b>QUININÆ ET FERRI</b> Dose, 1 to 2.	<div> Quinins Sulph. 1-30 gr. 1.75 " Strychnia 1-30 gr. 1.75 " Ferri Carb. (Vallet's) 1 gr. 1.75 " Quinins Sulph. 1-30 gr. 1.75 </div>
<b>ECCROPHOTIC</b> Dose, 2 to 4.	<div> Ext. Aloes Socot. 3 gr. " Nuc. Vomica 1-5 gr. Res. Podophyllin 1-30 gr. Ol. Caryophyll. 1-10 gtt. </div> 90	<b>QUININÆ ET FERRI</b> Dose, 1 to 2.	<div> Quinins Sulph. 1-30 gr. 1.75 " Strychnia 1-30 gr. 1.75 " Ferri Carb. (Vallet's) 1 gr. 1.75 " Quinins Sulph. 1-30 gr. 1.75 </div>
<b>EMMENAGOGUE</b> Dose, 1 to 2.	<div> Ergotine 1 gr. Ext. Hellebor. Nig 1 gr. Aloes soc. 1-3 gr. Ferri Sulph. 1 gr. Ol. Balsam. 1-3 gtt. </div> 1.40	<b>QUININÆ ET FERRI</b> Dose, 1 to 2.	<div> Quinins Sulph. 1-30 gr. 1.75 " Strychnia 1-30 gr. 1.75 " Ferri Carb. (Vallet's) 1 gr. 1.75 " Quinins Sulph. 1-30 gr. 1.75 </div>
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# UNIVERSITY OF LOUISVILLE

## MEDICAL DEPARTMENT.

### SPRING AND SUMMER SESSION OF 1876.

The Spring and Summer Session of 1876 in the Medical Department of the University of Louisville will commence on March 5th and continue till July 1st, with the following

#### CORPS OF INSTRUCTORS:

On Venereal Diseases and Diseases of the Skin, . . .	By PROF. L. P. YANDELL, JR.
On Ophthalmic and Aural Diseases, . . . . .	By PROF. J. M. BODINE.
On Clinical Diseases of the Chest and Physiology, .	By PROF. E. R. PALMER.
On Public Hygiene, . . . . .	By PROF. T. S. BELL.
On Clinical Diseases of Women, . . . . .	By PROF. JOHN E. CROWE.
On Clinical Surgery, . . . . .	By PROF. D. W. YANDELL.
On Materia Medica, . . . . .	By PROF. J. W. HOLLAND.
On Surgery, . . . . .	By PROF. R. O. COWLING.
On Practice of Medicine, . . . . .	By DR. W. O. ROBERTS.
On Anatomy, . . . . .	By DR. H. A. COTTELL.
On Chemistry, . . . . .	By DR. G. H. ANDERSON.
On Obstetrics, . . . . .	By DR. W. H. LONG.
On Diseases of Children, . . . . .	By DR. R. B. GILBERT.
On Physiology, . . . . .	By DR. J. H. O'REILLY.

Didactic Lectures will be given upon the Specialties of Medicine and Surgery, but the essential feature of this course will be **CLINICAL INSTRUCTION** and **RECITATIONS** from the text-books, it being the design of the Faculty to give the student advantages much superior, as has been demonstrated, to those obtained by ordinary office instruction.

In the illustration of the various courses, the **MUSEUM, LIBRARY** and **APPARATUS** of the University will be used.

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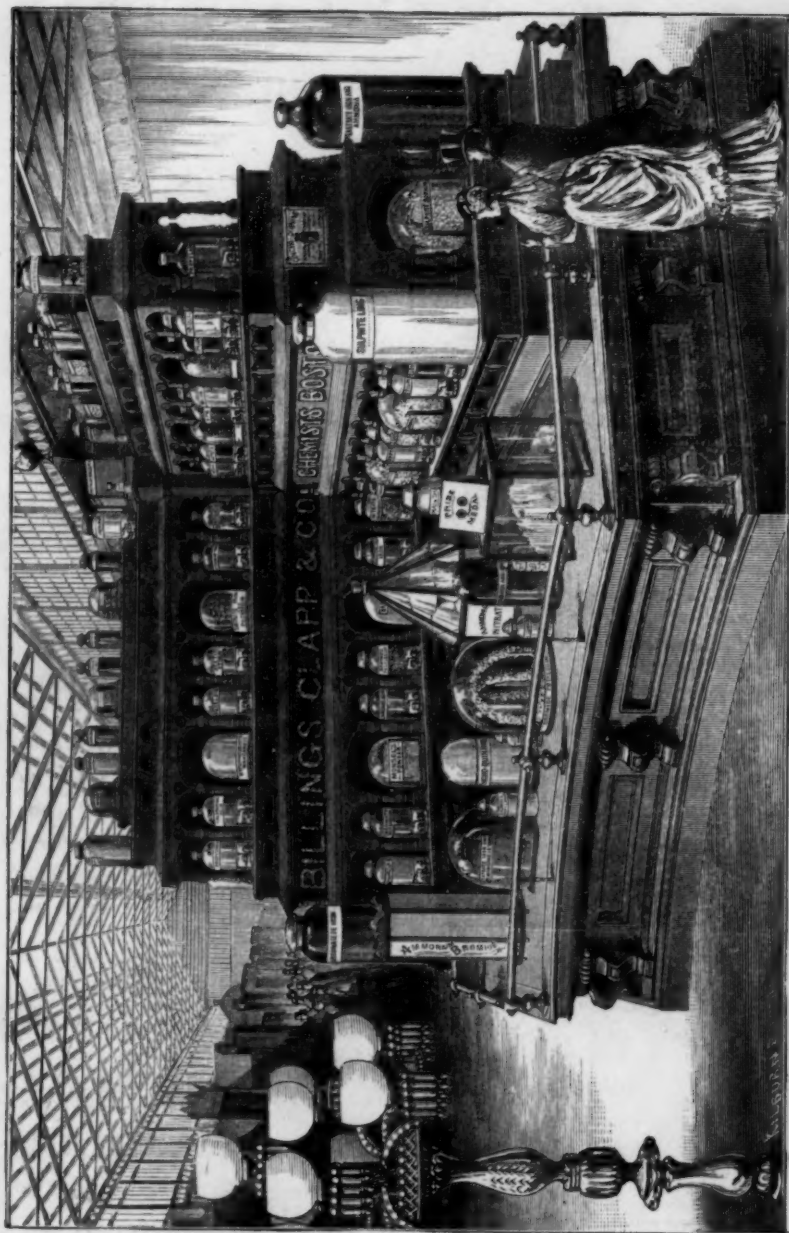
The Spring and Summer Course of the University is designed to be supplementary to the Regular Winter Course. Attendance upon it is voluntary and does not count as a session, but students who attend it are furnished with certificates, which will be taken as additional evidence of proficiency in candidates applying for the Medical Degree of the University.

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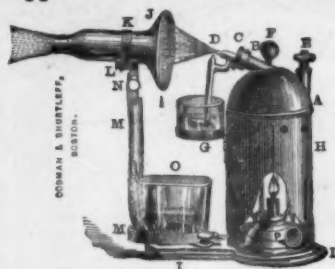
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The Session of 1876-77 will commence October 4, 1876, and terminate February 27, 1877.

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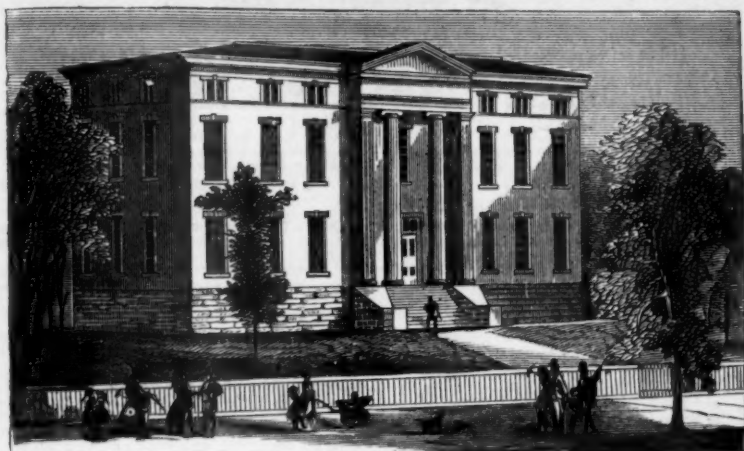
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E. R. PALMER, M. D.....	Professor of Physiology and Physical Diagnosis.
T. S. BELL, M. D.....	Prof. Science and Prac. of Med. and Public Hygiene.
JOHN E. CROWE, M. D.....	Prof. of Obstetrics and Diseases of Women and Children.
J. W. HOLLAND, M. D.....	Professor of Materia Medica and Medical Chemistry.
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R. O. COWLING, M. D.....	Prof. of Surgical Pathology and Operative Surgery.
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No. 81

# BELLEVUE HOSPITAL MEDICAL COLLEGE,

## CITY OF NEW YORK,

### SESSIONS OF 1877-'78.

The Collegiate Year in this Institution embraces a preliminary Autumnal Term, the Regular Winter Session, and a Spring Session.

The Preliminary Autumnal Term for 1877-1878 will open on Wednesday, September 19, 1877, and continue until the opening of the Regular Session. During this term, instruction, consisting of didactic lectures on special subjects and daily clinical lectures, will be given, as heretofore, by the entire Faculty. Students expecting to attend the Regular Session are strongly recommended to attend the Preliminary Term, but attendance during the latter is not required. During the Preliminary Term, clinical and didactic lectures will be given in precisely the same number and order as in the Regular Session.

The Regular Session will commence on Wednesday, October 8, 1877, and end about the first of March, 1878.

#### FACULTY.

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JAMES R. WOOD, M. D., LL. D.,  
Emeritus Prof. of Surgery.

FORDYCE BARKER, M. D.,  
Professor of Clinical Midwifery and Diseases of Women.

AUSTIN FLINT, M. D.,  
Professor of the Principles and Practice of Medicine and Clinical Medicine.

WILLIAM M. POLK, M. D.,  
Professor of Materia Medica and Therapeutics, and Clinical Medicine.

W. H. VAN BUREN, M. D.,  
Professor of Principles and Practice of Surgery, Diseases of Genito-Urinary System, and Clinical Surgery.

AUSTIN FLINT, JR., M. D.,  
Professor of Physiology and Physiological Anatomy, and Secretary of the Faculty.

LEWIS A. SAYRE, M. D.,  
Professor of Orthopedic Surgery, Fractures and Dislocations, and Clinical Surgery.

ALPHEUS B. CROSBY, M. D.,  
Professor of General, Descriptive, and Surgical Anatomy.

ALEXANDER B. MOTT, M. D.,  
Professor of Clinical and Operative Surgery.

R. OGDEN DOREMUS, M. D., LL. D.,  
Professor of Chemistry and Toxicology.

WILLIAM T. LUSK, M. D.,  
Professor of Obstetrics and Diseases of Women and Children, and Clinical Midwifery.

EDWARD G. JANEWAY, M. D.,  
Professor of Pathological Anatomy and Histology, Diseases of the Nervous System, and Clinical Medicine.

EDMUND R. PRASLEE, M. D., LL. D.,  
Professor of Gynecology.

#### Professors of Special Departments, Etc.

HENRY D. NOYES, M. D.,  
Professor of Ophthalmology and Otolary.

EDWARD G. JANEWAY, M. D.,  
Professor of Practical Anatomy. (Demonstrator of Anatomy.)

JOHN P. GRAY, M. D., LL. D.,  
Professor of Psychological Medicine and Medical Jurisprudence.

LEROY MILTON YALE, M. D.,  
Lecturer Adjunct upon Orthopedic Surgery.

EDWARD L. KEYES, M. D.,  
Professor of Dermatology, and Adjunct to the Chair of Principles of Surgery.

A. A. SMITH, M. D.,  
Lecturer Adjunct upon Clinical Medicine.

A distinctive feature of the method of instruction in this College is the union of clinical and didactic teaching. All the lectures are given within the Hospital grounds. During the Regular Winter Session, in addition to four didactic lectures on every week-day except Saturday, two or three hours are daily allotted to clinical instruction.

The Spring Session consists chiefly of Recitations from Text-books. This term continues from the first of March to the first of June. During this Session daily recitations in all the departments are held by a corps of examiners appointed by the regular Faculty. Regular clinics are also given in the Hospital and College buildings.

#### Fees for the Regular Session.

Fees for Tickets to all the Lectures during the Preliminary and Regular Term, including Clinical Lectures.....	\$140 00
Matriculation Fee.....	5 00
Demonstrator's Ticket (including material for dissection).....	10 00
Graduation Fee.....	30 00

#### Fees for the Spring Session.

Matriculation (Ticket good for the following Winter).....	\$5 00
Recitations, Clinics, and Lectures.....	35 00
Dissection (Ticket good for the following Winter).....	10 00

Students who have attended two full Winter courses of lectures may be examined at the end of their second course upon Materia Medica, Physiology, Anatomy, and Chemistry, and, if successful, they will be examined at the end of their third course upon Practice of Medicine, Surgery, and Obstetrics only.

For the Annual Circular and Catalogue, giving regulations for graduation and other information, address Professor AUSTIN FLINT, JR., Secretary, Bellevue Hospital Medical College.

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**FACULTY.**

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L. FIRESTONE, M. D.	D. B. SMITH, M. D.
W. J. SCOTT, M. D.	H. W. KITCHEN, M. D.
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**Demonstrator of Anatomy, H. LENOX HODGE, M. D.; of Surgery, CHARLES T. HUNTER, M. D.; of Practical Chemistry, GEORGE M. WARD, M. D.; of Experimental Physiology, ISAAC OTT, M. D.**

Clinical Instruction is given at the University Hospital by the above named Clinical Professors, and also on Diseases of the Eye, Prof. NORRIS; Diseases of the Ear, Prof. STRAWBRIDGE; Nervous Diseases, Prof. H. C. WOOD, Jr.; Skin Diseases, Prof. L. A. DUHRING; Morbid Anatomy and Histology, Prof. J. TYSON.

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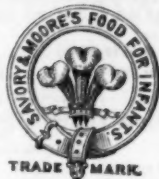
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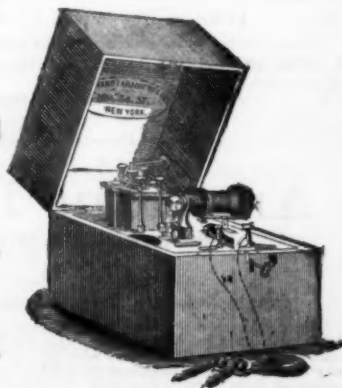
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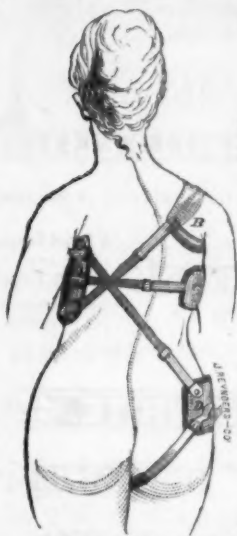
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
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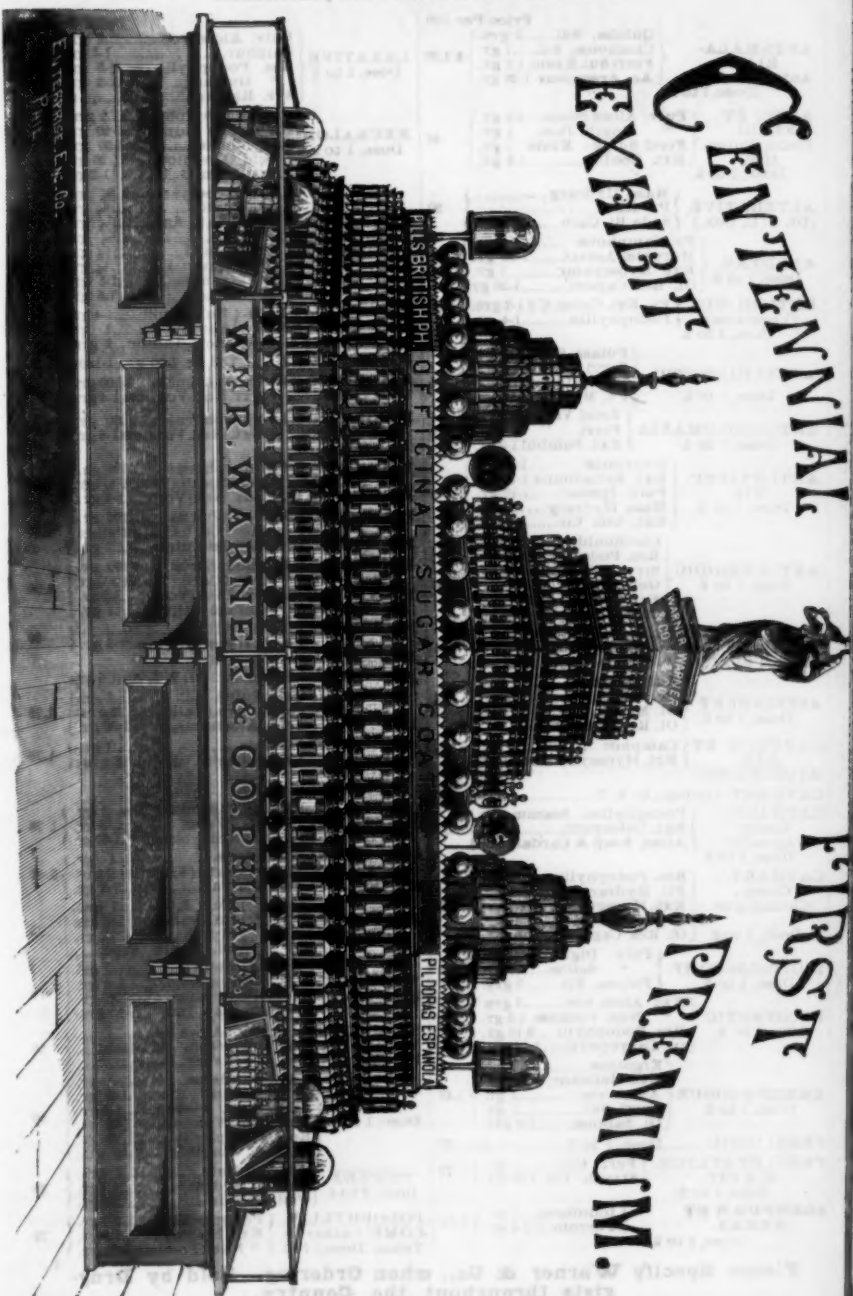
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<b>ANTI-BILIOUS</b> (Vegetable) Dose, 2 to 2.	Pv. Ext. Coloc. C2 1-3 grs. Podophyllin. 1-4 gr.	<b>PHOSPHORI</b> Dose, 1 to 2	1-25 gr. 1-50 gr. 1-100 gr. 1-200 gr.
<b>ANTI-CHLOROTIC</b> Dose, 1 to 2	Potassa Chlor. 1 gr. Ferri Chlor 1-3 gr. Pv. Podophylli 1 gr. Pv. Myrrhin. 1-3 gr.	<b>PHOSPHORI</b> Dose, 1 to 2	Phosphorus. 1-100 gr. Ext. Nuc. Vomice 1-4 gr.
<b>ANTI-CHOROMANIA</b> Dose, 1 to 2	Zinci Valer 3 grs. Ferri 1-4 gr. Ext. Sumbul 1-3 gr.	<b>PHOSPHORI</b> Dose, 1 to 2	Phosphorus. 1-50 gr. Ext. Nuc. Vomice 1-5 gr.
<b>ANTI-DYSPEPTIC</b> Dose, 1 to 2	Strychnine 1-40 gr. Ext. Belladonna 1-10 gr. Pulv. Ipecac. 1-10 gr. Mass. Hydrarg. 1-3 grs. Ext. Col. Co. 2 grs.	<b>PHOSPHORI</b> Dose, 1 to 2	Phosphorus. 1-100 gr. Ferri Carb. (Vallet's) 1 gr. Ext. Nuc. Vom. 1-4 gr.
<b>ANTI-PERIODIC</b> Dose, 1 to 2	Cinchonidie Sulph. 1 gr. Res. Podophylli 1-30 gr. Strychnine Sulph. 1-30 gr. Gelsemin. 1-30 gr. Ferri Sulph. Exsicc. 1-3 gr. Ol. Res. Capsici 1-10 gr.	<b>PHOSPHORI</b> Dose, 1 to 2	Phosphorus. 1-100 gr. Ferri Carb. (Vallet's) 1 gr. Quinine Sulph. 1 gr.
<b>APERIENT</b> Dose, 1 to 2	Ext. Nuc. Vom. 1-3 gr. Hyoscyam. 1-3 gr. Coloc. C. 2 grs.	<b>PHOSPHORI</b> Dose, 1 to 2	Phosphorus. 1-100 gr. Ferri Carb. (Vallet's) 1 gr. Ext. Nuc. Vom. 1-4 gr. Quinine Sulph. 1 gr.
<b>ASTRINGENT</b> Dose, 1 to 2	Ext. Gerani. 3 grs. Pv. Opil. 1-4 gr. Ol. Ment. Pip. 1-30 gtt. S. Zingiber 1-30 gtt.	<b>PODOPHYLLIN ET LIN ET HYOSCYAMUS</b> Dose, 1 to 2	Podophyllin. 1-3 gr. Ext. Hyoscyami aa 1-3 gr.
<b>CAMPHOR ET FERRI</b> Dose, 1 to 2	Camphor. 1 gr. Ext. Hyoscyami Engl 1 gr.	<b>QUININE SULPH.</b> Dose, 1 to 2	1, 2, 3, and 5 grs. Quin Sulph. 1 gr. Ferri Carb. (Vallet's) 2 grs. Acid Arsenious 1-30 gr.
<b>CATHART. Comp., U. S. P.</b> Dose, 1 to 2	Podophyllin, Scammony, Vegetable. Aloes. Soap & Cardamon.	<b>QUININE ET FERRI</b> Dose, 1 to 2	Quin. 1 gr. Ferri Carb. (Vallet's) 1 gr.
<b>CATHART. Comp., Cholagogue</b> Dose, 1 to 2	Res. Podophylli 1-3 gr. Pulv. Hydrarg. 1-4 gr. Ext. Hyoscyami 1-3 gr. Nuc. Vom. 1-16 gr. Ol. Res. Capsici 1-3 gtt.	<b>QUININE ET FERRI</b> Dose, 1 to 2	Quin. 1 gr. Ferri Carb. (Vallet's) 1 gr.
<b>DIGITALIS COMP.</b> Dose, 1 to 2	Pulv. Digitalis 1 gr. Scll. 1 gr. Potassa Nit. 3 grs.	<b>QUININE ET FERRI</b> Dose, 1 to 2	Quin. 1 gr. Ferri Carb. (Vallet's) 1 gr.
<b>EMMENAGOGUE</b> Dose, 1 to 2	Ext. Aloes Soc. 3 grs. Res. Podophylli 1-3 gr. Ol. Caryophylli 1-10 gtt.	<b>QUININE ET FERRI</b> Dose, 1 to 2	Quin. 1 gr. Ferri Carb. (Vallet's) 1 gr.
<b>FERRI IODID.</b> Dose, 1 to 2	Ergotine 1 gr. Ext. Hellebor. Nig. 1 gr. Aloes soc. 1 gr. Ferri Sul. 1 gr. Ol. Sabin. 1-3 gtt.	<b>QUININE ET FERRI</b> Dose, 1 to 2	Quin. 1 gr. Ferri Carb. (Vallet's) 1 gr.
<b>FERRI ET STRYCH.</b> Dose, 1 to 2	Ferri Cit. 1 gr. Strych. Cit. 1-50 gr.	<b>QUININE ET FERRI</b> Dose, 1 to 2	Quin. 1 gr. Ferri Carb. (Vallet's) 1 gr.
<b>IODOPHORM ET FERRI</b> Dose, 1 to 2	Iodoform. 1 gr. Ferrum. 1-4 gr.	<b>QUININE ET FERRI</b> Dose, 1 to 2	Quin. 1 gr. Ferri Carb. (Vallet's) 1 gr.

Please Specify Warner & Co., when Ordering. Sold by Druggists throughout the Country.

**PILLS SENT BY MAIL ON RECEIPT OF LIST PRICE.**

PRINT IN BINDING

obviates the sickening sensation so universal in swallowing a round pill.

CAUTION!!—SPECIFY McKESSON & ROBBINS',

# McKesson & Robbins'



## PILLS AND GRANULES,

OF THE

U. S. PHARMACOPIA & OTHER RELIABLE FORMULÆ,

GELATINE-COATED,

Process and Machinery Patented.

91 & 93 Fulton, 80, 82 & 84 Ann Streets,  
NEW YORK.

A physician in St. Louis, who has for some time been using our Pills, prescribed "Gelatine-Coated Phosphorus Pills,  $\frac{1}{16}$  gr." intending to have the McKesson & Robbins Pills dispensed, but did not perceive the usual effects after administering them to the patient. Upon investigation, he found the Pills resembled ours somewhat in external appearance, but on cutting one open, he found it contained hardly a trace of Phosphorus. The doctor went to the druggist, who had dispensed the prescription, and found that, not having our Phosphorus Pills in stock, he had dispensed an imitation; the druggist claimed that he was warranted in so doing, as the physician had not taken the precaution to put the name McKesson & Robbins upon his prescription, although the physician had been in the habit of specifying our pills, and the druggist knew it. We have had our attention called to several cases of this character, regarding the Quinine Pills, Morphia granules and others, when, on failing to obtain results, the physicians have found that they were being imposed upon by imitations; this has induced them to write "McKesson & Robbins' G. C. Pills" in full upon their prescriptions and add, "send no others." We have full lines of our Pills in all of the large, and in most of the small cities, and there is no excuse for substituting imitations.

### McKESSON & ROBBINS' GRANULES, Gelatine-Coated.

<b>Arsenious Acid</b> .....	1-60, 1-40, 1-30, 1-20 gr.
<b>Atropa</b> .....	1-60 gr.
<b>Corrosive Sublimate</b> .....	1-40, 1-30, 1-20 gr.
<b>Digitaria</b> .....	1-60 gr.

This is prepared in our own laboratory and can be confidently relied upon.

<b>Mercury, Bin-Iodide</b> .....	1-25, 1-16 gr.
<b>Mercury, Proto-Iodide</b> .....	1-5, 1-4 gr.
<b>Morphia, Acetate</b> .....	1-8, 1-4 gr.
<b>Morphia, Sulphate</b> .....	1-16, 1-10, 1-8, 1-6, 1-4 gr.
<b>Morphia, Valerianate</b> .....	1-8 gr.
<b>Strychnia</b> .....	1-60, 1-40, 1-30 gr.
<b>Sulphur, Iodide</b> .....	1-25, 1-10 gr.
<b>Zinc, Phosphide</b> .....	1-6, 1-4, 1-2 gr.

Physicians have experienced the need of a reliable and pleasant form for administering these more potent remedies. The want of reliability, as exhibited in the granules of the market by the varying action following their administration, has caused them to be avoided—and very justly—by most practitioners, who have preferred rather to use solutions, and trust to the custom of dropping, or using a teaspoon to measure their portions, although nearly as uncertain, owing to great difference in the sizes of teaspoons; and the fact that drops vary with the conditions and form of surface, from which they flow.

In our preparations we have taken special precautions by enforcing our system of checking the weights, and, at large expense, have had our machines for division of the substances, so carefully and correctly constructed, as to insure an exactness never before maintained in this class of preparations. We can, therefore, afford assurance to physicians of correct weight and

obviates the sickening sensation so universal in swallowing a round pill.

and chemical used in McKesson & Robbins' Pills are thoroughly tested by a competent chemist,



## Therapeutical Notes on some Specialties in McKesson & Robbins' Pills, (Gelatine-Coated).

### **PHOSPHORUS**, ..... 1-100, 1-50, 1-20, 1-12 gr.

The pure transparent Gelatine we use is in no degree porous, it preserves the Phosphorus perfectly in the free state; while Sugar, owing to its crystalline nature, is very porous and will admit of rapid change in substances, of a delicate character, covered with it. We have the Phosphorus in state of solution in the excipient we employ, this insures a gradual elimination of the Phosphorus in the stomach, thus avoiding the severe irritation that is so often experienced after taking the ordinary Phosphorus Pills, which are prepared by mixing the Phosphorus in substance with the excipient, in which small fragments of Phosphorus often remain. Note remarks by Dr. Squibb, in his paper before Am. Pharm. Ass'n, Sept., '76, in which he states that Phosphorus should never be administered in substance, and if a coating be used, he commends Gelatine.

Many of the most eminent Physicians throughout the country, among whom are leading specialists in the treatment of Neurotic diseases, assert that McKesson & Robbins' Phosphorus Pills are the most rational medium yet found for exhibiting Phosphorus.

### **PHOSPHORUS COMPOUND**, McKesson & Robbins' Pills, both $\frac{1}{80}$ & $\frac{1}{100}$ gr.

### **PHOSPHORUS COMPOUND AND IRON**, McKesson & Robbins' Pills.

### **ERGOTIN PILLS**, ..... 3 grs.

We manufacture our Ergotin with great care from the best quality of fresh, selected Ergot, and it contains in the most potent form all the active constituents of Ergot of Rye, each grain representing 10 grs. of Ergot, and each pill being equal to half a teaspoonful of official fluid extract. The value of Ergotin, in the place of the crude drug and the Fluid Preparations, is conceded; and it is being largely administered both in this country and in Europe. It has taken a prominent place in the treatment of Neurotic diseases. Many of our most reliable practitioners, and particularly those of extended experience in Gynecology, assert that they have never found a preparation of Ergot, in which, by experience, they felt as much confidence as in McKesson & Robbins' Ergotin Pills. The advantages of prescribing it in this form will be readily acknowledged. (Dose, 1 to 3.)

We offer our Ergotin, prepared specially for hypodermic use, in one ounce bottles.

### **PHOSPHATES IRON, QUININE & STRYCHNINE PILLS.**

Each pill represents an equivalent of about two teaspoonfuls of Elixir, and is a much more preferable form, in being more agreeable to take and not objectionable to the weakest stomach, when Syrup or Elixir are rejected. As a tonic, this pill is deservedly popular. We also offer Iron, Quinine and Strychnine Pills, the Iron being in the form of Quevenne's or reduced by hydrogen.

### **EXTRACT SUMBUL, (Musk Root)**, ..... 1 gr.

This drug has for some time been extensively used in Russia, and for several years in England and America, in the treatment of hysteria and general spasmodic disorders, particularly in that class of cases where assafoetida has heretofore been much used. Those most experienced in its use claim that it possesses great merit. (Dose, 2 to 3.)

### **SALICYLIC ACID PILLS**, ..... $2\frac{1}{2}$ and 5 grs.

Our pills present the best form for administering this now very important remedy, which has proved so efficacious in Rheumatism, and which is also extensively used as an Antiseptic and Febrifuge. It is claimed that the solutions, formed by the use of Sodium, Ammonium and other salts, produce combinations which do not represent the full value of the free Acid.

### **EXTRACT GRINDELIA ROBUSTA PILLS**, ..... 3 grs.

The Solid Extract is of our own manufacture and is ten times the strength of the Herb; it can be used much more readily and with better effect than any of the liquid preparations. The use of this remedy in Hay Fever, and all Asthmatic difficulties, has increased largely in the Eastern States and Europe, and its therapeutic value is conceded. (Dose, 1 to 3.)

### **EXTRACT GUARANA PILLS**, ..... 3 grs.

This Solid Extract is also manufactured in our own laboratory, and is many times the average strength of the drug. We offer these Gelatine-Coated Pills with confidence in their being the only accurate mode of preparing this widely used and much appreciated remedy, as the drug varies so much in strength; some preparations in the market have been found to consist largely of Impurities. We carefully test each shipment we receive, and our Solid Extract is of superior and uniform quality. The value of Guarana, in many phases of sick, nervous and sun headache, as well as in Neuralgia, and in irritations of the mucous membrane, has

## CAUTION!!—SPECIFY McKESSON & ROBBINS'.

### QUININE, SULPHO-CARBOLATE, ..... 1, 2 and 3 grs.

This Salt of Quinine has been very much used in some of our extreme malarial districts during the past two years. Those, who have tested it very carefully, claim that it possesses a most positive specific action in the treatment of fever and ague, and has proved itself eminently superior to the Sulphate of Quinine in all malarial fevers.

### PHOSPHIDE ZINC, ..... 1-6, 1-4 and 1-2 gr.

The Phosphide of Zinc has been very successfully used by Drs. Hammond, (see Dr. H.'s last book,) Routh, and other prominent authorities on treatment of brain diseases, all of whom assert its efficacy. It has been used with remarkable results in severe cases of Neuralgia, (see paper by Dr. Adolphus, St. L. Med. Jour., XIII, 471.) P. Vigier, *Bull. Gen. de Therap.*, states that Phosphide of Zinc is more prompt and reliable in its action than free Phosphorus.

### PHOSPHIDE OF ZINC AND NUX VOMICA, (Hammond's formula.)

### IODIDE OF IRON, (Blancard's formula,) ..... 1 gr.

Preferable to the Syrup and much more soluble and active than the imported pills, which are coated with a resin, and are usually very old before they reach the consumer.

### MONOBROMATED CAMPHOR, ..... 2 and 3 grs.

Is now being considerably used in treatment of Spermatorrhœa; strongly recommended in cases of Cerebral-Anæmia; used successfully in infantile Convulsions from teething; Hysteria, Headache from over study or nervousness and Nymphomania. (Dose, 3 to 4 grs.)

### QUININE, SULPHATE & BI-SULPHATE, $\frac{1}{2}$ , $\frac{1}{4}$ , 1, 1 $\frac{1}{2}$ , 2, 3, 4 & 5 grs.

McKesson & Robbins' Quinine Pills are well and favorably known, having displaced the use of other pills in New York and all parts of the country. The fact that they always yield more speedy and satisfactory results, and the ease, with which even a child can take them, have aided in making them the favorite pills. Several physicians have related to us cases—particularly of Diphtheria—where they found it impossible to administer the round pill, but the patients swallowed McKesson & Robbins' Pills without difficulty. We call special attention to our five grain Quinines, which, owing to form and nature of coating, are as easily swallowed as the ordinary two grain. Our Bi-Sulphate of Quinine Pills contain an additional equivalent of sulphuric acid, thus rendering the official sulphate much more soluble, a decided advantage over the ordinary Quinine Pills. See Am. Jour. Pharm., XXV, 32.

### QUININE, CARBOLATE, ..... 1 gr.

### QUININE, SALICYLATE, ..... 1 gr.

### QUININE, VALERIANATE, ..... $\frac{1}{2}$ gr.

### CINCHONIDIA, SULPHATE, ..... 1, 2 and 3 grs.

Now coming into extensive use. McKesson & Robbins' Pills have proved the best form for administering it.

### COMPOUND HYPOPHOSPHITES PILLS, (Lime, Soda, Potassa and Iron.)

Form the best possible medium for administering this remedy, which occupies so prominent a place for the treatment of lung diseases and bronchial affections.

### DOVER'S POWDER PILLS, ..... 2 $\frac{1}{2}$ and 5 grs.

Affording an agreeable medium for the administration of this exceedingly nauseous compound, the value of these Pills will be readily seen by Physicians.

### LACTO-PHOSPHATE OF LIME PILLS, ..... 5 grs.

This form possesses many advantages over the Syrup. Used with much success in Dyspepsia.

### PEPSIN, BISMUTH AND STRYCHNINE PILLS, ..... 5 grs.

Representing this combination in the most agreeable and reliable form.

### SOLIDIFIED COPAIBA WITH OLEO-RESIN CUBEBA PILLS, ..... 3 and 5 grs.

We prepare both these ingredients in our own laboratory, with great care, and can assert their superior quality. The value of the Oleo-Resin Cubeba often offered in market is very slight, due to the fact that the largest proportion is powdered Cubeba Berries.

Price Lists furnished upon application. See list of formulas, last page.

Private Formulas of 3,000 or more Pills, made and coated to order.



# CAUTION!!—SPECIFY McKESSON & ROBBINS'.

## Formulas of McKesson & Robbins' Pills, (Gelatine-Coated).

Acid, Arsenious, 1-50, 1-40, 1-30 and 1-20 gr.	Hypophosphites, Compound, 1 gr.	*Quinine, Carbamate, 1 gr.
*Acid, Salicylic, 1-2 and 4 grs.	Calcii, Hypophos., 1 gr.	*Quinine, Sulphate & Bi-Sulphate, 1-4 & 1-2 gr.
Aloes, U. S., 1-50, 1-40, 1-30 and 1-20 grs.	Sodii, 1-4 gr.	Quinine, Sulphate and Bi-Sulphate, 1 gr.
Aloes and Anacardifolia, U. S., 1-50, 1-40, 1-30 and 1-20 grs.	Potassi, 1-4 gr.	Quinine, Sulphate and Bi-Sulphate, 1-4 gr.
Aloes and Iron, U. S., 1-50, 1-40, 1-30 and 1-20 grs.	Ferri, 1-4 gr.	Quinine, Sulphate and Bi-Sulphate, 1-4 gr.
Pulv. Aloes, Soc., 1-4 gr.		Quinine, Sulphate and Bi-Sulphate, 1-4 gr.
Pulv. Zinc, Soc., 1 gr.		Quinine, Sulphate and Bi-Sulphate, 1-4 gr.
Ferr. Sulph. Elix., 1 gr.		Quinine, Sulphate and Bi-Sulphate, 1-4 gr.
Ferr. Sulf., 1-50 gr.		Quinine, Sulphate and Bi-Sulphate, 1-4 gr.
Ext. Colic. Comp., 1-50 gr.		Quinine, Sulphate and Bi-Sulphate, 1-4 gr.
Aloes and Myrrh, U. S., 1-50, 1-40, 1-30 and 1-20 grs.		Quinine and Aloes, 1-50, 1-40, 1-30 and 1-20 grs.
Aperient		(Pulv. Aloes, Soc., 1-4 gr.)
		Quinine, Arsenic and Nux Vomica, 1-50, 1-40, 1-30 and 1-20 grs.
		Quinine, Sulphate, 1 gr.
		Ext. Nuci Vomica, 1-40 gr.
Anacardifolia, 1-50, 1-40, 1-30 and 1-20 grs.		Quinine and Iron, 1-50, 1-40, 1-30 and 1-20 grs.
Asafoetida, 1-50, 1-40, 1-30 and 1-20 grs.		Quinine Sulphate, 1 gr.
Asafoetida, U. S., 1-50, 1-40, 1-30 and 1-20 grs.		Quinine and Carbonate Iron, 1-50, 1-40, 1-30 and 1-20 grs.
Asafoetida and Nux Vomica, 1-50, 1-40, 1-30 and 1-20 grs.		Quinine, Sulphate, 1 gr.
Asafoetida, 1-50, 1-40, 1-30 and 1-20 grs.		Ferr. Sub. Carb., 1-40 gr.
*Atropia, 1-50, 1-40, 1-30 and 1-20 grs.		Quinine, Phosphorus and Nux Vomica, 1-50, 1-40, 1-30 and 1-20 grs.
*Belladonna Extract, 1-50, 1-40, 1-30 and 1-20 grs.		Quinine, Phosphorus and Nux Vomica, 1-50, 1-40, 1-30 and 1-20 grs.
Bismuth Subnitrate, 1-50, 1-40, 1-30 and 1-20 grs.		Quinine, Phosphorus and Nux Vomica, 1-50, 1-40, 1-30 and 1-20 grs.
Blue Pill, U. S., 1-50, 1-40, 1-30 and 1-20 grs.		Quinine, Phosphorus and Nux Vomica, 1-50, 1-40, 1-30 and 1-20 grs.
Calomel, 1-50, 1-40, 1-30 and 1-20 grs.		Quinine, Phosphorus and Nux Vomica, 1-50, 1-40, 1-30 and 1-20 grs.
Camphor and Benzoin, 1-50, 1-40, 1-30 and 1-20 grs.		Quinine, Phosphorus and Nux Vomica, 1-50, 1-40, 1-30 and 1-20 grs.
Camphor, 1 gr.		Quinine, Phosphorus and Nux Vomica, 1-50, 1-40, 1-30 and 1-20 grs.
Ext. Hyocyami, 1 gr.		Quinine, Phosphorus and Nux Vomica, 1-50, 1-40, 1-30 and 1-20 grs.
*Camphor Mono-Bromate, 1-50, 1-40, 1-30 and 1-20 grs.		Quinine, Phosphorus and Nux Vomica, 1-50, 1-40, 1-30 and 1-20 grs.
Cannabis Indica Extract, 1-50, 1-40, 1-30 and 1-20 grs.		Quinine, Phosphorus and Nux Vomica, 1-50, 1-40, 1-30 and 1-20 grs.
Cathartic Compound, U. S., 1-50, 1-40, 1-30 and 1-20 grs.		Quinine, Phosphorus and Nux Vomica, 1-50, 1-40, 1-30 and 1-20 grs.
Cathartic Vegetable, U. S., 1-50, 1-40, 1-30 and 1-20 grs.		Quinine, Phosphorus and Nux Vomica, 1-50, 1-40, 1-30 and 1-20 grs.
Ext. Col. Comp. pulv., 1-50, 1-40, 1-30 and 1-20 grs.		Quinine, Phosphorus and Nux Vomica, 1-50, 1-40, 1-30 and 1-20 grs.
Ext. Podophylli, 1-50, 1-40, 1-30 and 1-20 grs.		Quinine, Phosphorus and Nux Vomica, 1-50, 1-40, 1-30 and 1-20 grs.
Ext. Rhamni, 1-50, 1-40, 1-30 and 1-20 grs.		Quinine, Phosphorus and Nux Vomica, 1-50, 1-40, 1-30 and 1-20 grs.
Ext. Jalapae, 1-50, 1-40, 1-30 and 1-20 grs.		Quinine, Phosphorus and Nux Vomica, 1-50, 1-40, 1-30 and 1-20 grs.
Ext. Aloes Soc. pulv., 1-50, 1-40, 1-30 and 1-20 grs.		Quinine, Phosphorus and Nux Vomica, 1-50, 1-40, 1-30 and 1-20 grs.
Ext. Hyocyami, 1-50, 1-40, 1-30 and 1-20 grs.		Quinine, Phosphorus and Nux Vomica, 1-50, 1-40, 1-30 and 1-20 grs.
Ext. Menthae Pip., 1-50, 1-40, 1-30 and 1-20 grs.		Quinine, Phosphorus and Nux Vomica, 1-50, 1-40, 1-30 and 1-20 grs.
Chinoidine, 1-50, 1-40, 1-30 and 1-20 grs.		Quinine, Phosphorus and Nux Vomica, 1-50, 1-40, 1-30 and 1-20 grs.
Chinoidine, Sulphate, 1-50, 1-40, 1-30 and 1-20 grs.		Quinine, Phosphorus and Nux Vomica, 1-50, 1-40, 1-30 and 1-20 grs.
Chinoidine, Sulphate, 1-50, 1-40, 1-30 and 1-20 grs.		Quinine, Phosphorus and Nux Vomica, 1-50, 1-40, 1-30 and 1-20 grs.
Colocynth, Comp. Extr., 1-50, 1-40, 1-30 and 1-20 grs.		Quinine, Phosphorus and Nux Vomica, 1-50, 1-40, 1-30 and 1-20 grs.
Colocynth, Ipecac and Blue, 1-50, 1-40, 1-30 and 1-20 grs.		Quinine, Phosphorus and Nux Vomica, 1-50, 1-40, 1-30 and 1-20 grs.
Ext. Colic. Comp. pulv., 1-50, 1-40, 1-30 and 1-20 grs.		Quinine, Phosphorus and Nux Vomica, 1-50, 1-40, 1-30 and 1-20 grs.
Pulv. Ipecacuanha, 1-50, 1-40, 1-30 and 1-20 grs.		Quinine, Phosphorus and Nux Vomica, 1-50, 1-40, 1-30 and 1-20 grs.
Pil., Hydrarg., 1-50, 1-40, 1-30 and 1-20 grs.		Quinine, Phosphorus and Nux Vomica, 1-50, 1-40, 1-30 and 1-20 grs.
Cook's, 1-50, 1-40, 1-30 and 1-20 grs.		Quinine, Phosphorus and Nux Vomica, 1-50, 1-40, 1-30 and 1-20 grs.
Pulv. Aloes, Soc., 1 gr.		Quinine, Phosphorus and Nux Vomica, 1-50, 1-40, 1-30 and 1-20 grs.
Hydrarg., Chlor., Mils., 3-4 gr.		Quinine, Phosphorus and Nux Vomica, 1-50, 1-40, 1-30 and 1-20 grs.
Pulv., Libell., 1 gr.		Quinine, Phosphorus and Nux Vomica, 1-50, 1-40, 1-30 and 1-20 grs.
Pulv., Saponis, 1-4 gr.		Quinine, Phosphorus and Nux Vomica, 1-50, 1-40, 1-30 and 1-20 grs.
Copalis, 1-50, 1-40, 1-30 and 1-20 grs.		Quinine, Phosphorus and Nux Vomica, 1-50, 1-40, 1-30 and 1-20 grs.
Copalis and Oleo-Rosin Cubeba, 1-50, 1-40, 1-30 and 1-20 grs.		Quinine, Phosphorus and Nux Vomica, 1-50, 1-40, 1-30 and 1-20 grs.
Pil., Copalis, 1-50, 1-40, 1-30 and 1-20 grs.		Quinine, Phosphorus and Nux Vomica, 1-50, 1-40, 1-30 and 1-20 grs.
Copalis and Oleo-Rosin Cubeba, 1-50, 1-40, 1-30 and 1-20 grs.		Quinine, Phosphorus and Nux Vomica, 1-50, 1-40, 1-30 and 1-20 grs.
Pil., Copalis, 1-50, 1-40, 1-30 and 1-20 grs.		Quinine, Phosphorus and Nux Vomica, 1-50, 1-40, 1-30 and 1-20 grs.
*Corrosive Sublimate, 1-40, 1-30 and 1-20 grs.		Quinine, Phosphorus and Nux Vomica, 1-50, 1-40, 1-30 and 1-20 grs.
*Digitalis, pure, 1-50, 1-40, 1-30 and 1-20 grs.		Quinine, Phosphorus and Nux Vomica, 1-50, 1-40, 1-30 and 1-20 grs.
Dinner (Chief's), 1-50, 1-40, 1-30 and 1-20 grs.		Quinine, Phosphorus and Nux Vomica, 1-50, 1-40, 1-30 and 1-20 grs.
Pil., Hydrarg., 1-50, 1-40, 1-30 and 1-20 grs.		Quinine, Phosphorus and Nux Vomica, 1-50, 1-40, 1-30 and 1-20 grs.
Pulv. Aloes, Soc., 1-4 gr.		Quinine, Phosphorus and Nux Vomica, 1-50, 1-40, 1-30 and 1-20 grs.
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Ol. Sabinum, 1-4 gr.		Quinine, Phosphorus and Nux Vomica, 1-50, 1-40, 1-30 and 1-20 grs.
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## MEDICAL DEPARTMENT.

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The Spring and Summer Session of 1876 in the Medical Department of the University of Louisville will commence on March 5th and continue till July 1st, with the following

#### CORPS OF INSTRUCTORS:

On Venereal Diseases and Diseases of the Skin, . . .	BY PROF. L. P. YANDELL, JR.
On Ophthalmic and Aural Diseases, . . . . .	BY PROF. J. M. BODINE.
On Clinical Diseases of the Chest and Physiology, . .	BY PROF. E. R. PALMER.
On Public Hygiene, . . . . .	BY PROF. T. S. BELL.
On Clinical Diseases of Women, . . . . .	BY PROF. JOHN E. CROWE.
On Clinical Surgery, . . . . .	BY PROF. D. W. YANDELL.
On Materia Medica, . . . . .	BY PROF. J. W. HOLLAND.
On Surgery, . . . . .	BY PROF. R. O. COWLING.
On Practice of Medicine, . . . . .	BY DR. W. O. ROBERTS.
On Anatomy, . . . . .	BY DR. H. A. COTTELL.
On Chemistry, . . . . .	BY DR. G. H. ANDERSON.
On Obstetrics, . . . . .	BY DR. W. H. LONG.
On Diseases of Children, . . . . .	BY DR. R. B. GILBERT.
On Physiology, . . . . .	BY DR. J. H. O'REILLY.

Didactic Lectures will be given upon the Specialties of Medicine and Surgery, but the essential feature of this course will be **CLINICAL INSTRUCTION** and **RECITATIONS** from the text-books, it being the design of the Faculty to give the student advantages much superior, as has been demonstrated, to those obtained by ordinary office instruction.

In the illustration of the various courses, the **MUSEUM, LIBRARY** and **APPARATUS** of the University will be used.

**Examinations and Clinical Instruction.**—Daily examinations on all the branches of Medicine will be held by the various members of the Faculty.

The University Dispensary, situated upon the college grounds, supported by the Faculty and under its exclusive control, is the only institution of the kind in the city of Louisville which has existed for any number of years. It has obtained the confidence of the sick poor of this city, and its rooms, especially during the milder months, are daily crowded with patients illustrating all varieties of disease.

The Faculty have also access to the Louisville City Hospital, an institution which contains more than two hundred beds, and the Hospital of St. Mary and Elizabeth. From these sources an inexhaustible supply of Clinical material is obtained.

Prof. D. W. YANDELL holds his regular Surgical Clinic twice a week; Prof. JOHN E. CROWE twice a week, upon the Diseases of Women; Prof. L. P. YANDELL, JR., twice a week, upon Clinical Medicine; Prof. BODINE twice a week, upon Diseases of the Eye and Ear; Prof. PALMER twice a week, upon Diseases of the Heart and Lungs; Prof. COWLING twice a week, upon Surgery; all at the University.

Advanced Students will be given obstetrical cases and cases in out-door practice to attend.

The Spring and Summer Course of the University is designed to be supplementary to the Regular Winter Course. Attendance upon it is voluntary and does not count as a session, but students who attend it are furnished with certificates, which will be taken as additional evidence of proficiency in candidates applying for the Medical Degree of the University.

It will be seen that the entire Faculty of the medical Department of the University, together with a valuable corps of assistants, are engaged in the Spring Course, and they pledge their best labors to insure its success.

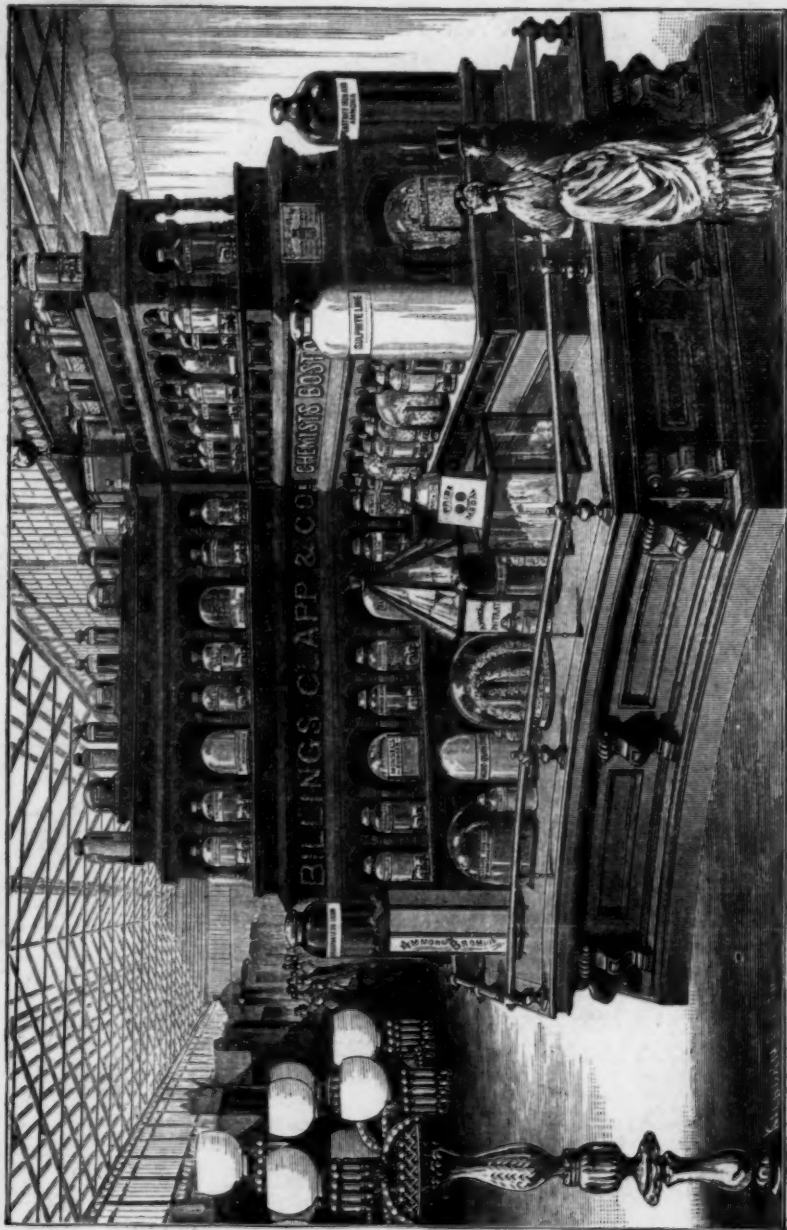
The Fee for the full Course is \$35.00, and entitles the holder to his Matriculation Ticket for the ensuing Regular Winter Session.

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EDITED BY

DAVID W. YANDELL, M. D., AND THEOPHILUS PARVIN, M. D.

## Contents for January, 1877.

On the Proper Treatment for Lacerations of the Cervix Uteri. By Thomas Addis Emmet, M. D.  
Cenothera Biennis—Its Medicinal Properties and Uses. By N. S. Davis, M. D.  
Delirium Tremens—A Clinical Lecture. By Lunsford P. Vandell, Jr., M. D.  
The Bandage in Thoracic Diseases. By Joseph G. Rogers, M. D.  
The Genu-Pectoral Position in Shoulder Presentation. By Theo. Parvin, M. D.  
A Case of Disease of the Pancreas. By Will M. Thornberry, M. D.  
Diseases of the Conjunctiva and Anomalies of Refraction. By J. P. Worrell, M. D.  
A Case of Intestinal Fistula. By Allison Maxwell, M. D.  
Reviews, Clinic of the Month, and Notes and Queries.

## Contents for February, 1877.

Results of Clinical Studies Relating to Phthisis. By Austin Flint, M. D.  
Considerations in Relation to Diseases of the Joints. By David Prince, M. D.  
Iodized Phenol—A New Uterine Escharotic and Alterative. By Robert Battey, M. D.  
Surgical Treatment of Epilepsy. By Graham N. Fitch, M. D.  
Reviews, Clinic of the Month, and Notes and Queries.

## Contents for March, 1877.

Shoulder and other more Transverse Presentations. By Edwin R. Maxson, M. D.  
Operations for Strangulated Hernia. By Graham N. Fitch, M. D.  
Remedy for Headache. By John E. Lockridge, M. D.  
The Seton in Paralysis and Epilepsy. By Thomas J. Griffiths, M. D.  
Are Bacteria Normal? By J. Gardner, M. D.  
Reviews, Clinic of the Month, and Notes and Queries.

## Contents for April, 1877.

A Clinical Contribution. By John A. Ochterlony, A. M., M. D.  
Metrorrhagia from Imperfect Deliverance. By Theophilus Parvin, M. D.  
Action of Gelsemium Sempervirens. By Isaac Ott, M. D., Easton, Pa.  
Antipyretic Treatment of Typhoid Fever. By Hannibal Landon, M. D.  
Naso-Pharyngeal Fibromata. By Richard C. Brandeis, M. D.  
Cerebral Embolism—Hemianæsthesia. By William Carson, M. D.  
Twins—Retained Placenta—Fatal Hemorrhage. By W. B. Fletcher, M. D.  
Subluxation of the Knee-Joint. By S. V. Wright, M. D.  
Reviews, Clinic of the Month, and Notes and Queries.

## Contents for May, 1877.

The Prophylactic Treatment of Placenta Prævia. By T. Gaillard Thomas, M. D.  
The Local Treatment of the Larynx. By Bernard Tauber, M. D.  
Action of Gelsemium Sempervirens. By Isaac Ott, M. D.  
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SESSION OF 1876-7.

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Professor of Obstetrics and Diseases of Women and Children.

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JOSEPH EASTMAN, M. D.

Demonstrator of Anatomy.

☞ The Session of 1876-77 will commence October 4, 1876, and terminate February 27, 1877.

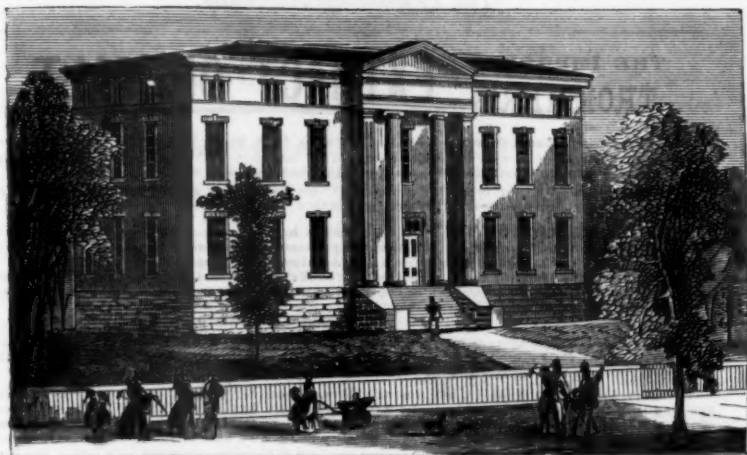
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E. R. PALMER, M. D.....	Professor of Physiology and Physical Diagnosis.
T. S. BELL, M. D.....	Prof. Science and Prac. of Med. and Public Hygiene.
JOHN E. CROWE, M. D.....	Prof. of Obstetrics and Diseases of Women and Children.
J. W. HOLLAND, M. D.....	Professor of Materia Medica and Medical Chemistry.
D. W. YANDELL, M. D.....	Prof. of the Sci'ce and Art of Surgery and Cli'cal Surgery.
R. O. COWLING, M. D.....	Prof. of Surgical Pathology and Operative Surgery.
W. O. ROBERTS, M. D.....	Demonstrator of Anatomy.

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Professor's Tickets, in full.....	\$50 00	Matriculation Fee.....	\$ 5 00
Demonstrators' Ticket.....	10 00	Graduation Fee.....	30 00
Hospital Ticket (required by City), \$5 00.			

The regular Session will commence on the first Monday in October, and continue until the 1st of March.

A Preliminary Course of Lectures, free to all Students, will commence on the first Monday in September, and continue till the opening of the Regular Term.

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The Preliminary Autumnal Term for 1877-1878 will open on Wednesday, September 19, 1877, and continue until the opening of the Regular Session. During this term, instruction, consisting of didactic lectures on special subjects and daily clinical lectures, will be given, as heretofore, by the entire Faculty. Students expecting to attend the Regular Session are strongly recommended to attend the Preliminary Term, but attendance during the latter is not required. During the Preliminary Term, clinical and didactic lectures will be given in precisely the same number and order as in the Regular Session.

The Regular Session will commence on Wednesday, October 8, 1877, and end about the first of March, 1878.

## FACULTY.

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Emeritus Prof. of Surgery.

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Lecturer Adjunct upon Clinical Medicine.

A distinctive feature of the method of instruction in this College is the union of clinical and didactic teaching. All the lectures are given within the Hospital grounds. During the Regular Winter Session, in addition to four didactic lectures on every week-day except Saturday, two or three hours are daily allotted to clinical instruction.

The Spring Session consists chiefly of Recitations from Text-books. This term continues from the first of March to the first of June. During this Session daily recitations in all the departments are held by a corps of examiners appointed by the regular Faculty. Regular clinics are also given in the Hospital and College building.

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## Fees for the Spring Session.

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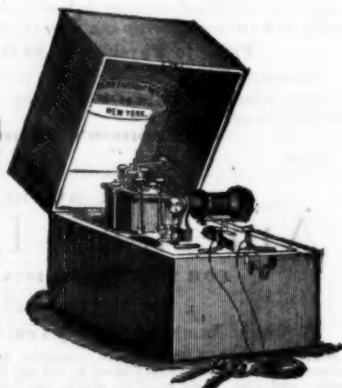
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The reception of the journal has been most cordial. Every exertion will be made to keep up its interest during the present year.

\*.\* Letters pertaining to the business of the Journal should be addressed to the publishers,

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Its editorial management will remain as heretofore. It is the purpose, however, of the editors to give increased attention to every department of the American Practitioner, now entering on the seventh year of its publication, and strive to make it even more worthy than hitherto of the support of the profession. We have perfected arrangements with our former corps of contributors to whose pens the journal has owed its position as one of the leading medical periodicals of the times, and in addition have promised for its pages communications from writers of distinction in almost every part of the country, enabling us to assure our friends that the ORIGINAL DEPARTMENT of the American Practitioner will be all that could be asked.

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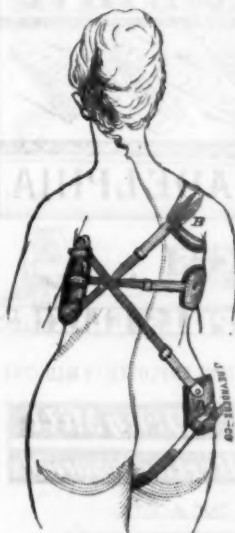
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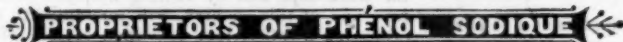
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## MEDICAL DEPARTMENT.

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The Spring and Summer Session of 1876 in the Medical Department of the University of Louisville will commence on March 5th and continue till July 1st, with the following

#### CORPS OF INSTRUCTORS:

On Venereal Diseases and Diseases of the Skin, . . .	BY PROF. L. P. YANDELL, JR.
On Ophthalmic and Aural Diseases, . . . . .	BY PROF. J. M. BODINE.
On Clinical Diseases of the Chest and Physiology, . .	BY PROF. E. R. PALMER.
On Public Hygiene, . . . . .	BY PROF. T. S. BELL.
On Clinical Diseases of Women, . . . . .	BY PROF. JOHN E. CROWE.
On Clinical Surgery, . . . . .	BY PROF. D. W. YANDELL.
On Materia Medica, . . . . .	BY PROF. J. W. HOLLAND.
On Surgery, . . . . .	BY PROF. R. O. COWLING.
On Practice of Medicine, . . . . .	BY DR. W. O. ROBERTS.
On Anatomy, . . . . .	BY DR. H. A. COTTELL,
On Chemistry, . . . . .	BY DR. G. H. ANDERSON.
On Obstetrics, . . . . .	BY DR. W. H. LONG.
On Diseases of Children, . . . . .	BY DR. R. B. GILBERT.
On Physiology, . . . . .	BY DR. J. H. O'REILLY.

Didactic Lectures will be given upon the Specialties of Medicine and Surgery, but the essential feature of this course will be **CLINICAL INSTRUCTION** and **RECITATIONS** from the text-books, it being the design of the Faculty to give the student advantages much superior, as has been demonstrated, to those obtained by ordinary office instruction.

In the illustration of the various courses, the **MUSEUM, LIBRARY** and **APPARATUS** of the University will be used.

**Examinations and Clinical Instruction.**—Daily examinations on all the branches of Medicine will be held by the various members of the Faculty.

The University Dispensary, situated upon the college grounds, supported by the Faculty and under its exclusive control, is the only institution of the kind in the city of Louisville which has existed for any number of years. It has obtained the confidence of the sick poor of this city, and its rooms, especially during the milder months, are daily crowded with patients illustrating all varieties of disease.

The Faculty have also access to the Louisville City Hospital, an institution which contains more than two hundred beds, and the Hospital of St. Mary and Elizabeth. From these sources an inexhaustible supply of Clinical material is obtained.

Prof. D. W. YANDELL holds his regular Surgical Clinic twice a week; Prof. JOHN E. CROWE twice a week, upon the Diseases of Women; Prof. L. P. YANDELL, JR., twice a week, upon Clinical Medicine; Prof. BODINE twice a week, upon Diseases of the Eye and Ear; Prof. PALMER twice a week, upon Diseases of the Heart and Lungs; Prof. COWLING twice a week, upon Surgery; all at the University.

Advanced Students will be given obstetrical cases and cases in out-door practice to attend.

The Spring and Summer Course of the University is designed to be supplementary to the Regular Winter Course. Attendance upon it is voluntary and does not count as a session, but students who attend it are furnished with certificates, which will be taken as additional evidence of proficiency in candidates applying for the Medical Degree of the University.

It will be seen that the entire Faculty of the medical Department of the University, together with a valuable corps of assistants, are engaged in the Spring Course, and they pledge their best labors to insure its success.

The Fee for the full Course is \$25.00, and entitles the holder to his Matriculation Ticket for the ensuing Regular Winter Session.

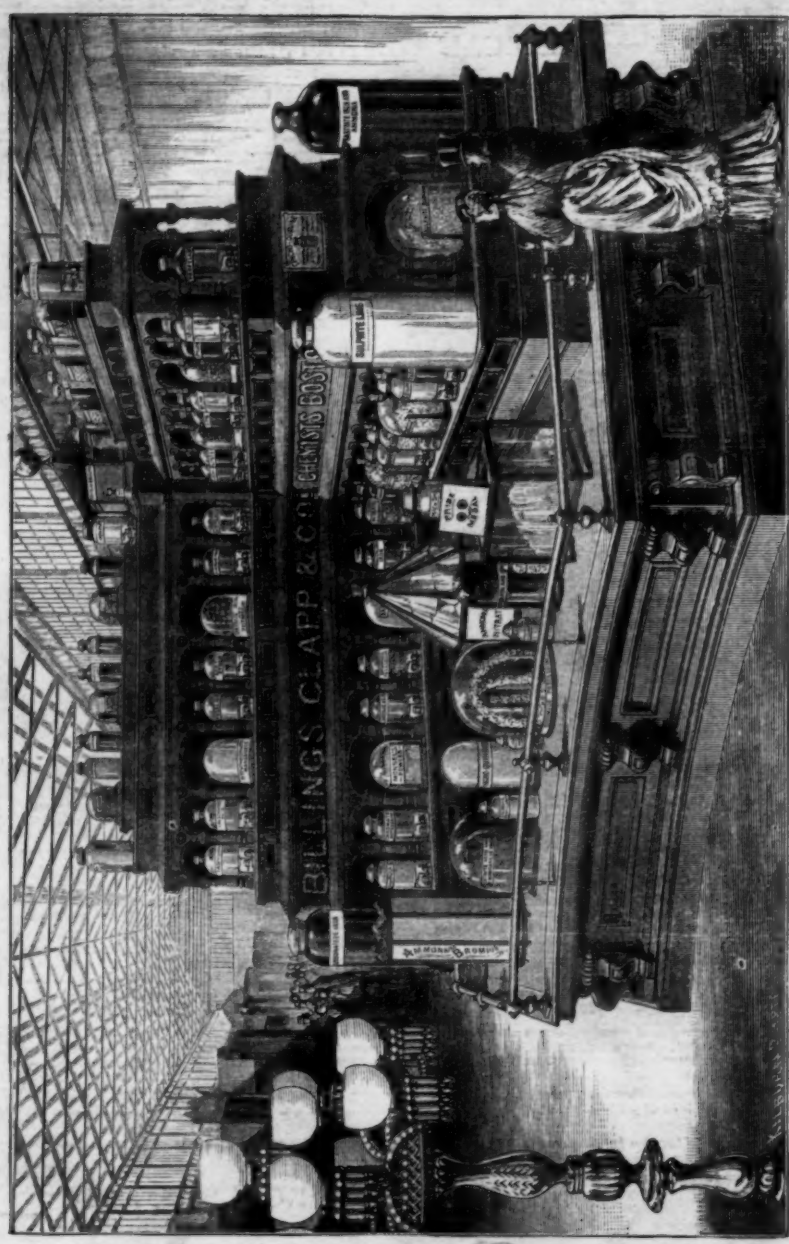
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